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ABSTRACT

Because parents-to-be in Santa Barbara needed hands-on, practical assistance prior to the birth of their child, Postpartum Education for Parents (PEP) volunteers organized the Baby Basics program. Like all PEP services, Baby Basics is a supplement to, but not a substitute for, medical advice. Part 1 of this guide describes the history, philosophy, and organization of Baby Basics. Program organization is discussed in terms of the steering committee, publicity and registration, time and place, fee, PEP volunteer participants, community participants, instructional methods, subjects covered, displays and storage, equipment and supplies, and evaluation of each session by PEP volunteers. Part 2 provides scripts of presentations and demonstrations concerning welcome of parents and introduction of volunteers, car seat use, California law, feeding, behavior of the newborn, bath and cord care, and postpartum feelings. Guides for demonstrating equipment and how to bathe and diaper the infant are included. Part 3 (which has been issued as a separate booklet entitled "Baby Basics: A Guide to Your First Weeks as Parents") offers numerous handouts concerning infant behavior, safety, and care. Related forms, worksheets, and other program materials are appended. (RH)

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Baby Basics

- A GUIDE TO ESTABLISHING AN INFANT CARE CLASS IN YOUR COMMUNITY -

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POSTPARTUM EDUCATION FOR PARENTS, INC.

BABY BASICS

A GUIDE TO ESTABLISHING AN INFANT CARE CLASS IN YOUR COMMUNITY

Postpartum Education for Parents, Inc.
Santa Barbara, California

BEST COPY AVAILABLE

PREFACE

This book has been written to encourage parents to develop similar programs in their communities. It is one in a series of Postpartum Education for Parents, Inc. (PEP) publications.

Requests for PEP publications may be addressed to:

PEP Publications
P.O. Box 6154
Santa Barbara, CA 93160

INTRODUCTION AND ACKNOWLEDGEMENTS

Postpartum Education for Parents, or PEP, was established in 1977 to ease the emotional and practical problems of adjusting to parenthood for families in Santa Barbara, California. PEP is a wholly volunteer organization. Its services are free and include a 24-hour Warmline, postpartum telephone calls to new parents requesting them, parent discussion groups, and Baby Basics, a class on the care of newborns, given monthly.

PEP's support for parents is based upon the premise that there is no one right way to parent. PEP volunteers are trained not to dictate but to suggest. On the other hand, PEP's early volunteers also realized that families in our community needed to receive hands-on, practical assistance prior to the baby's arrival. Baby Basics is the result.

Several important principles have guided the development of Baby Basics from the beginning. First, as with all PEP's services, it is a supplement to, but not a substitute for, medical advice. Second, every aspect of the program is under continuous evaluation and revision for effectiveness, accuracy, and currency by parent participants, PEP volunteers, and health professionals who serve as consultants. Third, PEP does not endorse specific products or services; volunteers describe rather than prescribe, and readers will note the use of classic ambiguities such as "probably," "might wish to," and so on throughout the Baby Basics scripts and handouts. (The one exception made to the no-endorsement policy is the use of child safety restraints in motor vehicles, which PEP has strongly endorsed from its beginning.)

A few more notes for readers. Parents adopting infants can benefit greatly from Baby Basics presentations modified to meet their special emotional

needs. In PEP's experience, however, mixing adoptive and birth parents in the same Baby Basics program has not always been a positive or comfortable experience.

Baby Basics scripts and handouts frequently say "see/ask/call your doctor," but substituting the more general term "health care provider" might encourage parents to make the judgment as to whether to call a nurse, nurse practitioner, lactation consultant, or their doctor, based on the nature of their concern and the availability of professionals in the various health care fields in their community. The scripts themselves are outlines and are not intended to be read or followed slavishly.

The scripts, handouts, and forms reproduced here are not entirely consistent in appearance and format, since they were written by various people and collected at various times. We have tried, however, to make them consistent in content.

As with most other extraordinary ideas, it took time, dedication, research, trial and error, and a great deal of love to make Baby Basics a reality. Over the years, many volunteers have contributed to the program described in this Guide. It would be impossible to list everyone who helped along the way, but primary thanks must be given to Nan McCauley, Gail Knight, Dana Clark, R.N., and Mary Jeanne Reynales, R.N. Scripts and handouts were revised and added to by Pat Finn, Nancy Schafer, and Jan Austin. Without their initial input and sharing, Baby Basics would not be what it is today. Just before publication of this Guide, it was again reviewed by Stephen Abbott, M.D., Pat Burkard, R.N.C., M.S.N., Jane Davison, R.N., Ruth Hollander, Mary Jeanne Reynales, R.N., Kathleen R. Michaelson, Lactation Consultant, Jane Honikman, Pat Finn, and Diane Kokinos. The section on history was written by

Pat Finn, and the introductory sections and Part One edited and enlarged by Hillary Tentler and Anna DeVore. Materials for the Guide as a whole were assembled and edited by Hillary Tentler and Anna DeVore. Typing of initial drafts was most generously donated by Daryl Cameron. Sue Chavin, Elaine Christ, Anna DeVore, Pat Finn, Dru Frick, Diane Kokinos, and Hillary Tentler helped with proofreading and Pat Post and Sharon Puchli did the cover design.

Special thanks to all of the PEP volunteers who have given up Saturday mornings with their own families to do Baby Basics; to the newborns who allowed us to demonstrate Baby bathing on them; to the expectant and new parents who have been so enthusiastic about PEP and Baby Basics; and to the health care professionals who endorse and support PEP.

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PART ONE

HISTORY, PHILOSOPHY, AND ORGANIZATION OF BABY BASICS

HISTORY

Baby Basics, a program of infant care for new and expectant parents, was developed by PEP in response to a need which Santa Barbara area parents perceived as not being met adequately in the community. As PEP volunteers, our contact with new parents made us increasingly aware that, while a variety of resources were available to aid parents during the course of pregnancy and childbirth, there was little to help prepare them for the day-to-day care of a newborn. We felt that a program to fill this gap might be welcomed and useful. The goal of Baby Basics was (and still is) to share information on the daily care of the newborn and to help prepare expectant parents for some of the new emotional experiences associated with this care.

The initial response of the local medical community to our proposal was less than overwhelmingly positive. In fact, their view was that young parents in this community were, in general, a rather well-educated and savvy group, with no need for baby care classes. We would be well advised, it was suggested, to drop the whole idea as a waste of time.

We PEP volunteers indeed considered ourselves to be a group of well-educated and savvy parents, but every last one of us wished that we had been better informed about newborn care and better prepared to deal with the emotional situations which inevitably arose during the first few weeks postpartum. So we forged ahead with our idea in spite of the lukewarm support from local doctors. (Local physicians now readily recommend Baby Basics to their patients and support our work.) Interestingly, nurses and childbirth educators welcomed our proposal enthusiastically, and the response of new parents to the Baby Basics program over the past few years has been so positive that our

point has been proven: educated or not, most of us need all the help we can get during that crucial period.

We held our first "Baby Basics" in January, 1979. A detailed curriculum had been developed around a three-part format: before the baby arrives, after the baby arrives, and emotional support. The session included presentations, demonstrations, learning centers, and a film. It was taught by a registered nurse and offered one Saturday morning a month. Several facilities were tried; we now use the conference room of a local hospital.

Baby Basics in its present form is a product of evolution; for a period of time, no two were alike. Gradually we moved from the original format to a more participatory workshop presentation. We decided that it was not necessary to have nurses as leaders, but that it would be more in line with our philosophy to use PEP parent volunteer leaders. We threw out the film (partly because it always broke at the wrong time) and substituted a lively facilitated discussion on the pains and joys of being a new parent. The participants no longer just sit in rows taking notes; they practice diapering and bathing, voice their concerns, and share their feelings.

Baby Basics is also a product of love. Many PEP volunteers have devoted hundreds of hours to developing the curriculum, revising, rewriting, throwing out old ideas, and coming up with new ones. Keeping up to date is a constant challenge. But for those of us sharing in these Saturday mornings, the reward has been great: not only have we been involved in an incredible learning experience, but we have been privileged to share with our participants in the most exciting event in their lives.

PHILOSOPHY AND GOALS

Because each parent and each baby is unique, they must find their own ways of interacting with one another. There are very few "rules" when it comes to raising children because each parent and each baby develop in a different environment and bring unique qualities to that environment. What has been successful with one family may not be with another. What parents do need is confidence in their new roles; they need to feel comfortable with themselves and with letting their baby grow and develop into the unique individual she is from conception.

Although parents probably do not learn to be parents from books, lectures or films, these approaches do have value in answering specific questions and concerns, as well as in demonstrating the universality of some of the experiences that accompany parenting. It seems that some exposure and first-hand experience may help to alleviate some of the self doubts many new parents have concerning diapering, feeding and bathing a newborn. We do not endorse specific products or specific approaches to parenting; rather, we present, in a positive and supportive manner, parenti[illegible]hild care alternatives, emphasizing that there is no one right way to parent.

Baby Basics has four general goals:

1. To demonstrate basic infant care to new and expectant parents and care-givers and to allow them an opportunity to practice these skills in a participatory format.

2. To acquaint parents with some of the physical and emotional needs of the new family in order to help prepare them for life with an infant.

3. To encourage parents to consider realistically their expectations for the first few weeks of parenthood.

4. To introduce PEP as a parent resource, describing its services and extending an invitation for parents to use them.

ORGANIZATION

The Baby Basics Steering Committee

The Baby Basics program is run by the Baby Basics Steering Committee, composed of four PEP volunteers. At least one member of the Steering Committee participates in Baby Basics each month and all Committee members are encouraged to attend as often as possible in order to observe and evaluate the program.

Steering Committee positions and duties are listed below:

Chair:

- -- serves as liaison with PEP Board and the facility which provides space for the class
- -- sets up monthly Baby Basics teams
- -- calls Steering Committee meetings as needed
- -- participates in Baby Basics at least every fourth month

Forms:

- -- keeps master copies of all Baby Basics forms (scripts, instruction sheets, handouts, etc.) (see Appendix for list of forms)
- -- makes photocopies of forms when needed
- -- keeps a copy of each non-PEP-generated handout or brochure and replenishes as needed
- -- participates in Baby Basics every fourth month

Publicity:

- -- submits press release to the local newspaper monthly
- -- sends postcards announcing each month's class to childbirth educators (see Appendix)
- -- mails or distributes Baby Basics flyers to appropriate health care providers and agencies
- -- participates in Baby Basics every fourth month

Registration:

- -- handles telephone registration
- -- makes name tags for all participants
- -- maintains registration materials and statistics
- -- arranges to have bath baby available; purchases and wraps small gift for bath baby

Publicity and Registration

The Baby Basics flyer (see Appendix) is given to all local childbirth educators, obstetricians, pediatricians, hospitals (for distribution at obstetricians' tours), and other health and mental health care providers and agencies. Information on each month's session is submitted to the local newspaper for publication the Sunday preceding the session (see Appendix).

Members of the community who wish to attend Baby Basics may pre-register by calling the PEP Warm Line number; since space is limited, pre-registration is encouraged. The Baby Basics Steering Committee Registrar receives information about those wishing to register from Warm Line volunteers and enters it on a registration sheet (see Appendix). The registration sheets are picked up before each month's session (along with other materials for the class, such as name tags, inventory and reporting forms, handouts, etc.) and brought to Baby Basics by the volunteer in charge of registration at that session.

Time and Place Offered

No other community organization offers a service such as Baby Basics in Santa Barbara; therefore to maximize accessibility of the class to all members of the community, classes are offered one Saturday morning each month from 8:45 until 12:00 noon.

Classes are given at a local hospital centrally located for residents of the area. The hospital has made available to PEP a medium size classroom (posted capacity around 45 people). The room is also used as an auxiliary lunchroom and so is equipped with tables and chairs which can be easily arranged for demonstrations and displays. Hospital janitorial staff help with furniture arrangement before and after class (see Appendix for diagram of room

arrangement). The room also has hot and cold running water, very useful for drawing water for the bath demonstration, filling the hot water pot for coffee and tea, and cleaning up the refreshment table after class. The room is conveniently located just around the corner from the cafeteria, drinking fountains, and restrooms.

Fee

PEP is a non-profit, all-volunteer organization. With the exception of Baby Basics, PEP services are free; however, to cover the continuing costs of materials for Baby Basics, including a booklet entitled "Baby Basics: A Guide To Your First Weeks as Parents," the PEP board of directors has agreed on a fee of $5.00 per person or $7.00 per couple. The fee is waived in cases of financial hardship.

Fees help pay for refreshments (coffee, tea, juice, fresh fruit, and tea breads or muffins; see Appendix, Refreshments Inventory), as well as the cost of the booklet. In addition, though a few of the clothes, supplies, and equipment items on display are donated, most of them have to be purchased and must be periodically replaced; fees are also applied toward these expenses.

PEP Volunteer Participants

Five PEP volunteers help lead Baby Basics each month, three in speaking parts and two in non-speaking parts. The three speakers lead the lecture-discussions and bathe the baby as well as staffing the practice stations during the pre-class registration period and breaks. The other two volunteers are in charge of class registration and refreshments, respectively. When fewer than five volunteers are available, it is possible to double up responsibility for registration and refreshments. If our classroom were larger we could easily use more volunteers.

The car seat portion of the program is presented by a representative from PEP's Child Passenger Safety group. The CPS volunteer can be part of the basic group of five or an additional volunteer.

About a week before each month's class the Baby Basics Steering Committee Chair sends each member of that month's team a copy of the Baby Basics Team Worksheet (see Appendix) to remind them of the morning's schedule and to inform them which portions of the program are their responsibility (the blank lines on the form are for filling in names of volunteers). The Chair also sends them the appropriate scripts, forms, or inventory sheets (many of which are reproduced in the Appendix).

All PEP volunteers have copies of the Baby Basics Team Guide (see Appendix), which re-emphasizes the philosophy and goals of Baby Basics and offers suggestions for making the class as effective and pleasant as possible.

Community Participants

Any members of the community who feel that they can benefit from Baby Basics are welcome to attend, including expectant couples, single parents, prospective adoptive parents (see note in Introduction), grandparents, and caregivers, as well as new parents. Because of room size constraints (both fire regulations and accessibility to practice tables), class size is limited to 40 and participants are asked to pre-register.

Instructional Methods

The program includes three basic means of presentation:

1) Presentations for conveying basic information.
2) Practice stations staffed by PEP volunteers. There participants obtain hands-on experience bathing and diapering doll babies.

3) Demonstrations of cord care and bathing of a newborn.

4) Facilitated discussion.

Subjects Covered

Three general subjects are discussed in the course of the class:

1) Care of the newborn, including child automobile passenger safety, sponge and tub bathing, cord care, dressing, diapering, holding, feeding, burping, and layette supplies.

2) Parents' expectations of the newborn, particularly his appearance and behavior.

3) Parents' expectations of the first few weeks postpartum, especially the mother's physical condition and the emotional situations which might arise for both parents.

In addition, a number of handouts are distributed (printed in full in Part Three):

1) Materials on child motor vehicle passenger safety, including a digest of the State Child Passenger Safety Law, and tips on choosing and correctly using a safety seat.

2) "Suggestions for Basic Layette Supplies" and equipment, including information about baby clothes and their sizing and laundering.

3) "Before Your Baby Arrives", including questions to consider and suggested answers.

4) "Feeding Your Infant", including sections on breast and bottled feeding and burping.

5) "After Your Baby Arrives", listing some of the emotional responses parents have to the postpartum experience and giving suggestions for dealing with them.

A book list used to be included with the "Before" handout but it has been removed since it needs updating.

Displays and Storage; Equipment and Supplies

Four practice and display tables are available at each Baby Basics session. The sponge bath table, diapering table, and clothing and equipment table are practice stations; the fourth table contains a display of feeding equipment referred to during the discussion of feeding. Participants are encouraged to make the rounds of all the tables before Baby Basics and during the morning breaks.

Storage space for class supplies is limited to a few lockers at the hospital. Therefore display items must be kept to essentials. It is assumed that most parents have visited local stores, so we do not attempt to display everything available for babies. We are interested in basic items and have tried to include items often asked about, such as infant front carriers.

A partial list of items included on the display tables follows:

1) Diaper tables
   - -- Diapers
     - -- Cloth: two types of prefold, infant size and regular size, rectangular gauze, stretchable gauze, square birdseye, fitted cloth with snaps
     - -- Disposable (various types)
   - -- Diaper covers: nylon and plastic pants (both with side snaps and pull-on); soaker type (wool)
   - -- Diaper pins
   - -- Diaper liners
   - -- Baby wipes (various brands)

-- Powders

-- Diaper creams and ointments

-- Two dolls, infant size, for demonstration

-- Diaper cost comparison sheet (see Appendix)

-- "Poop sheet", with full-color photographs of infant bowel movements. A great conversation starter!

2) Clothing and equipment table

-- A large poster board (30" x 40") containing photographs and drawings of equipment too large to display. The pictures are intended to promote discussion, not to recommend specific brands. Included are pictures of strollers, cribs, changing tables, infant seats, high chairs, etc.

-- Several parenting magazines available locally

-- Various books on parenting

-- A sample layette. A collapsible clothing rack is used to display clothing items.

-- Diaper bag, packed to go, with list of contents

-- Several types of front carriers, including a handmade one with pattern instructions available

3) Sponge bath table

-- Two dolls, infant size, for demonstration

-- Washcloths and towels

-- Alcohol, cotton swabs, and cotton balls for cord care

-- Small wash basins

-- T-shirts, diapers, receiving blankets for swaddling

-- Sponge bath instructions (see Appendix)

4) Feeding table

-- Large display board (30" x 40") with pictures of a nursing bra, breastfeeding mothers, mothers and fathers bottle feeding, as well as tips for working mothers who are breastfeeding. Items illustrated are intended to promote discussion, not to recommend specific products.

-- Bottles: plastic, glass, disposable (4 and 8 oz.)

-- Nipples (orthodontic and traditional)

-- Pacifiers (orthodontic and traditional)

-- Nipple shields and milk cups

-- Nursing pads (disposable and washable)

-- La Leche League information

-- Breast pumps

-- Breast creams

-- Cans of formula

Evaluations

Each Baby Basics session is evaluated informally by the PEP volunteers. In addition, a written evaluation form has been devised for use by new parents who have attended Baby Basics (see Appendix). Various methods of eliciting evaluations have been tried, including making evaluation forms available with other Baby Basics handouts and mailing the evaluation forms to randomly selected parent participants shortly after their babies are born. More forms are returned when they are mailed out later, but the number of responses is still extremely low. Discussion continues as to how best to get feedback on the usefulness of Baby Basics to new parents.

PART TWO

SCRIPTS

PRESENTATIONS AND DEMONSTRATIONS

The Baby Basics program takes about three hours to complete, including two breaks. The sequence has changed many times, but in general we have followed this order:

1. Welcome and Introduction
2. Car Seat Presentation and Film
3. Feeding Presentation
4. Break: refreshments; participation at work stations (diapering, sponge bath, equipment); interaction between parents and volunteers
5. Behavior Presentation
6. Bath Demonstration
7. Break (same as #4)
8. Postpartum Feelings (facilitated discussion).

Frequently it has been necessary to move the bath demonstration to accommodate baby and/or parent; occasionally a presenter will overrun his time and subsequent sections will have to be shortened; sometimes a group will have an unusual number of questions about a particular topic. We have learned to be very flexible and still finish on time.

We want our volunteers to be reasonably familiar with the contents of their scripts and related handouts. Reading directly from the script is discouraged, but we all refer to it from time to time to insure that all points are covered. The use of several different speakers (usually three), each with her own style, not only adds variety but aids in keeping things moving along.

Babies for the bath demonstration come from several sources: most often, a parent who has attended a previous Baby Basics session will agree to let us use

his child; other times we use the infants of PEP volunteers and friends. We have found that babies between two and six weeks offer the most realistic demonstration, but we have used older. We have had a wonderful variety!

Before you read the following scripts, we suggest you look over the Baby Basics Team Worksheet (page 121) and the Baby Basics Team Guide (page 122). They will clarify the program and give you an idea of the timing and flow. As you read each script, you may find it helpful to refer to its associated handout in the "Handout" section.

WELCOME AND INTRODUCTION

A. Welcome parents (glad they came, congratulations, etc.). Cover the following points:

1. Comfort - stretch as necessary, sit on the floor if they want to.
2. Bathrooms - out the door, turn right, then left or right as there are two sets.
3. Smoking - none in here; may smoke in the hall or outside during breaks.
4. Refreshments - juices, hot water in pot for tea, coffee; food.

B. Introduce team members by first name only; state that they are parents and PEP volunteers. Introduce bath baby and parents when they arrive or before bath begins.

C. Information about Baby Basics and PEP (Postpartum Education for Parents). (Postpartum: the period of adjusting to new role of parent after baby arrives.)

1. BABY BASICS is offered by PEP - a volunteer parent support group which believes that by sharing parenting experiences, the task of parenting can be made easier.
   a) There are as many ways to parent as there are mothers, fathers, and children.
   b) Discussion and demonstrations of things that have worked for the PEP volunteers in their parenting experiences and which <u>may</u> be useful to new parents.

(Emphasize that all babies are <u>unique</u> from the moment of conception and PEP DOES NOT advocate any <u>one</u> way of doing anything!)

2. PEP SERVICES:

a) 24 hour WARM LINE - available for emotional support and answering basic non-medical infant care questions.

b) Discussion Groups - offer opportunity for new parents to meet and share both positive and negative experiences.

c) Special circumstances assistance - when a special situation develops in the postpartum family, there are PEP volunteers who have had a similar experience to offer emotional support and guidance: adoption, caesarean birth, premature baby, nursing problems, crying baby, colic, etc.

D. Format of the Morning

1. Emphasis on first few weeks after baby arrives.

2. Topics which will be formally covered:

a) Car seats

b) Feeding

c) Newborn behavior

d) Bath demonstration on "real" baby

e) Postpartum feelings

3. Finish up by 12:00 noon.

4. Informal topics (already started at back tables):

a) Diapering

b) Layette and equipment

c) Sponge baths

Encourage participation at each one during breaks.

E. Diaper Service (drawing).

The local diaper service has donated one month's free service. Need

to fill out entry blank on registration table if interested. Diaper service will send a brochure on their services to anyone who fills out an entry blank. They will not sell your name or try to promote another product. We will draw the winning name at the conclusion of the program.

F. PEP does not endorse or recommend specific commercial products or services. All items seen here are just examples.

CAR SEAT PRESENTATION

(Before: Have on hand brochures and film (available from your AAA or state/local child passenger safety agency), several demonstration car seats (1 infant only and 1 convertible, at minimum), a locking clip, a tether strap, and handouts such as a local shopping/rental guide, information on how to choose a seat, and state law regarding use of child restraints. A poster or notebook showing all currently available, federally approved car seats would be useful.)

Introduction: Auto accidents are the number one killer of children. In California each year, approximately 150 children under the age of 15 die and an additional 20,000 are injured in auto accidents.* The greatest risk and highest death rate is to children under 6 months of age. Most accidents occur within 25 miles of home, and at speeds of under 40 mph. It is estimated that proper use of car seats and seat belts would lower the death rate by as much as 90%, and injuries by over 65%. PEP advocates the use of restraint systems for every member of the family on every ride. This includes pregnant mothers, and newborns on the trip home from the hospital.

A federally approved, dynamically tested car seat is the most important piece of equipment you will purchase for your new baby. Not only are the safety and protection of your child involved, but you may be buying something that will last 4 years; that's longer than you need a crib or a stroller or a high chair. It will be worth your time to research this purchase carefully. Unfortunately, there is no one best seat that we can recommend for everyone;

* Substitute information relevant to your state.

the seat that your best friend is raving about could turn out to be the worst possible choice for you. The type of car(s) you own, your seat belts, the amount of money you can spend, and your attitude about the use of restraints will all have a bearing on your selection. To help clarify what can be a very confusing issue, we are going to discuss in the next few minutes how to choose a seat you can live with, the types of seats available, and what the law says. We will show you a short film which will clearly illustrate why car seats are a must, and we will demonstrate a few car seat principles. First, the film.

The Film: (PEP uses Car Safety: Don't Risk Your Child's Life, a 12-minute film by Physicians for Automotive Safety, but any short film illustrating the forces involved in a crash and the positive benefits of car seat and seat belt use would do as well.) Ask for questions.

The Law: (Summaries of the California Child Passenger Safety Law enacted January, 1983, and Federal Standard 213, enacted January, 1981, attached. Briefly go over the main points of the law so that liability is understood.) Ask for questions.

Demonstration: (Use an infant-only seat and a convertible seat. Try to cover these points: types of seats available, factors to consider when choosing a seat; how to put the baby in the seat, including cushioning with rolled-up towels; where to place the seat in the car (rear-facing for infants); how to secure the seat with the seat belt; how to adjust the harness; how to change the convertible seat from infant to toddler; how to use locking clips and tether straps; the difference between arm rests and shields; the need for all occupants to wear seat belts.) Ask for questions.

NEW CALIFORNIA LAW PROTECTS SMALL CHILDREN FROM #1 KILLER!*
SB 537/Petris - Effective January 1, 1983

- Protects children under four years of age or under 40 pounds when traveling in passenger vehicles or trucks under 6001 pounds.
- Parents must properly secure their small children in car safety seats when traveling in their own vehicles. When present in a vehicle owned by someone else, parents must properly secure their children in either car safety seats or available safety belts.
- All drivers are responsible for properly securing small children they transport in either car safety seats or available safety belts when the children's parents are not present.
- All car safety seats sold by California retailers must meet federal standards established January 1, 1981.
- Law enforcement officers may stop a vehicle if they suspect a violation, and may issue a traffic citation. Under existing law, an officer may also issue a verbal warning to a driver transporting children aged 4-15 who are not using safety belts.
- The maximum fine for the first offense would be $50. The court will dismiss the first charge if the parent shows that a car safety seat has been purchased for the child. At its discretion, the court may dismiss subsequent charges.

SB 537 does not apply to:

- School buses
- Vehicles registered outside of California
- Children exempted by the court due to size, medical condition or physical unfitness.

Pickups - Another new law effective in January, 1983, (AB 3048) prohibits minors twelve years old and under from riding unattended in the back of an open pickup truck.

* More children are killed in traffic accidents than by any other cause, however, 85% of the deaths could be prevented with the use of car safety seats and safety belts. Two thirds of the 20,000 injuries suffered by California children every year could be prevented. Unfortunately, fewer than 10% of our children are provided with this essential protection.

Synopsis prepared by: Los Angeles Area Child Passenger Safety Association

FEEDING

Introduction: The decision whether to breast or bottle feed is more easily made before the baby comes, but if you're not sure which way to go, you might want to try breastfeeding first and see how it works for you. If you're not comfortable with it, you can always change to the bottle. It's more difficult, though not impossible, to do it the other way around. The most important thing is to do what you feel comfortable with, and what works best for your situation. Either method can be a satisfying and rewarding experience.

1. Schedules

   a) Each baby is unique, with his own internal time clock for hunger (not only is each baby different from another but his own hunger is likely to vary from day to day).

   b) How babies take feedings will vary (some suck vigorously as if famished; others dawdle and don't appear too interested; still others are so agitated and so impatient that they scream and squirm, making it difficult to get food at all).

   c) At first baby may want to nurse every 2-3 hours (or even more frequently). As she grows bigger and able to hold more, the interval between feedings will gradually lengthen (you may want to help this along).

   d) Breastfed newborns should probably go no more than three hours between feedings during the day and no more than four hours during the night. Bottle fed newborns should probably not go more than three and a half to four hours between daytime feedings and four to six hours between night time feedings.

e) Night feedings should be rather businesslike. If it becomes too pleasurable for baby, you may find him unwilling to drop that feeding in favor of sleeping through. There comes a time when he doesn't need nourishment during the night, but he just loves the company.

2. How to Feed [refer parents to handout for techniques]

a) Always hold baby. NEVER PROP BOTTLE.

b) Relax; don't rush; find comfortable position (use pillows, etc.); allow at least one half hour for feeding and nurturing.

c) Fathers can participate. For example, if mother is breastfeeding, father could diaper baby first and bring baby to her along with a glass of water. Or he might give supplemental bottle if pediatrician has recommended it. If child is bottle fed, father has great opportunity to spend time with baby while feeding.

d) Nursing mothers need to maintain liquid intake at about 6-10 glasses of water or juice a day; it might help to keep pitcher of water (or other beverage) on hand and drink while you nurse. But don't overdo, since excessive drinking of fluids can actually reduce milk supply and in fact is a good way of reducing chronic engorgement.

e) To help establish a good milk supply, supplementary bottles should probably not be given for at least two weeks, unless your doctor orders otherwise.

3. Equipment

a) Bottles and nipples (need some even if breastfeeding). [Point out our display and refer parents to handout. Point out differences between orthodontic and standard nipples.]

b) [Demonstrate disposable nursers.]

c) Follow doctor's advice regarding sterilizing.

d) Formulas:

1) Doctor will prescribe.

2) Follow directions on can (some should be diluted with water, some not).

3) If bottle needs warming, place in container of hot tap water (difficult to control heat if heated directly on stove); test on inside of wrist. Microwave warming is not recommended because liquid heats unevenly and poses the danger of burning baby's mouth.

4. Milk Production

a) During pregnancy and until milk comes in, colostrum is secreted; easily digested by baby, nutritious, and thirst-quenching; contains many antibodies against disease.

b) Milk is formed in glandular tissue of breasts. Sucking stimulates production and flow of milk by triggering the release of hormones, causing milk to flow to nipples. (The "letdown" sensation -- sometimes not felt by first-time mothers for 3 months or more.) As breast is emptied by sucking, or pumping, glands are stimulated to make more milk.

c) Engorgement

1) Between 3rd and 5th day postpartum, breasts may become full, heavy and hard, due to a combination of swelling tissue, increased circulation of blood in breasts, and the pressure of newly produced milk. Situation temporary but uncomfortable.

2) Best way to have good milk production and avoid engorgement and sore nipples is to hold baby high and close and get nipple well into back of the baby's mouth (refer to handout).

3) Some experts also now believe that long, frequent nursings in the first few days of life, 30 minutes every 2 hours, is also a good way to avoid engorgement. The mother needs to position the baby well on the nipple; if it is not painful, she should nurse as frequently as possible from birth on.

4) If engorgement occurs, relieve with moist warm cloths; by standing in warm shower and letting milk drip out; by nursing more frequently; by hand expression; or by ice packs to relieve pain after nursing. Use a nursing bra with good support. Breasts will soon soften.

5. Nipple Care

a) Nipple preparation--now a controversial issue--some experts on breastfeeding now believe that nipple preparation can lead to premature uterine contractions, loss of precious colostrum (which may or may not be replaced), and sore, abraided nipples.

b) Creams to keep soft (lanolin good if not allergic to wool); use sparingly after feeding and only on areola.

c) Sore nipples from nursing [refer to handout]. [Speaker should display and describe shields and nitsie ("neetsie") cups. Point out that nipple shields should be used only under supervision, since baby can be severly underfed.]

d) Bleeding from cracked nipples--get medical advice.

6. Expression and storage [refer parents to handout].

a) There may be times when you will wish to pump and store your milk so that your baby can be given breast milk from a bottle. One good reason for this practice is so that the baby's father can give a bottle. Another reason is to accustom baby to bottle in case mother is not able to nurse due to absence or illness. A bottle should probably not, however, be introduced before nursing is well established (about 2 weeks); check with baby's doctor for timing. In addition to depleting milk supply, if bottle is introduced too early baby can get "nipple confusion" and prefer the bottle, since it's less work.

b) You can express milk manually (ask nurse in hospital to show you how) or with a breast pump [speaker display pump] or even with nitsie cup. [Speaker display milk cups.] Do not leave milk to be fed to baby in cups more than 15 minutes as bacteria can grow; hand wash cups thoroughly or wash in dishwasher. Hospitals and health professionals have electric breast pumps (some better than others); get advice from doctor, hospital nursery nurse, or professional lactation consultant.

c) A good time to express is right after feedings. Don't be discouraged if amount is small, 1 to 2 ounces.

d) Disposable bottle refills (such as Playtex or Gerber) make ideal containers. Be sure to label bag with date and time expressed for refrigerator storage or date for freezer storage. Defrost in refrigerator or place bag in cool water. Use of microwave to defrost is not recommended.

e) Breastmilk Storage

1) Can safely store in refrigerator for up to 24 hours.

2) Can store in freezer that is inside outer door of refrigerator for up to 2 weeks.

3) Can store in freezer with its own separate outer door (at zero degrees) for up to 2 months.

BEHAVIOR OF THE NEWBORN

[Speaker gets pacifiers and perhaps doll.]

Newborns' actions can appear very disorganized, and it takes a month or so before they begin to "get their act together". However, they come equipped with a number of "skills" which you should know about, and which you might use as opportunities to communicate and interact with your new baby.

1. Sensory Abilities

   a) Vision: Newborns can see at birth, although for the first four weeks they can't adjust their eyes to changing distances. They focus at about 5-8 inches. They can discern shapes and patterns, and by three weeks they will have an automatic preference for the human face. (Basis for future learning and for the growth of love and attachment.) Babies discern contrast between black and white first; color perception (with red first) comes later. Provide things for your baby to look at: YOUR FACE, colorful crib bumpers, mobiles, a bright quilt to lie on, pictures or mirrors on the wall near the crib or changing table. Give baby a change of scenery often by moving her around with you. Tell her about the things she's seeing.

   b) Hearing: Babies hear, even in utero. They have a natural preference for some sounds over others: music (try Beethoven or Brahms), humming (like motors), and especially voices. Talk to your baby. If you find this hard, read a book or magazine out loud, or just describe everything you do. Make use of a music box, sing, hold and cuddle him so he hears your heartbeat.

c) Touch: Babies need to touch and be touched. They can sense your feelings by the way you handle them.

* Carry your baby in front pack as you work around the house or garden.
* Make a textured quilt for your baby to lie on (different squares of variously textured materials).
* Wear clothes of different textures and patterns. You may notice different responses to different designs.
* Crawl into bed naked with your naked (or diapered) baby. (Your choice.)
* Try a gentle massage with oil or lotion (relaxes both of you). After bath is a good time for this.
* Do some "baby exercises" [speaker can demonstrate on baby or doll].
    - With baby in your lap or on the floor, lift baby's legs up gently till toes touch her head.
    - With baby facing you on your lap, hold her arms and rock her back and forth, maybe to music or singing.
    - While baby sits facing you in an infant seat, hold her arms and raise them above her head and down again. You can tell her what you are doing!

The important thing is to walk, rock, hold, cuddle, hug, kiss, stroke and caress your baby as much as you want to. The love you show helps your child know the world is an okay place to live, and the bonus, in the way of the first smile, comes in 4-6 weeks.

2. Crying

a) Crying is communication, language. Babies differ in the amount of of crying they do (some for hours at a stretch), the quality of their crying (from whining to demanding), and the intensity of their crying (whimpering to hysterical screaming).

b) Why do babies cry?

* Hunger (but a fussy baby is not always a hungry baby).
* Feeling wet, but most babies don't mind being wet. (Wet diapers aren't cold until air hits them; disposable diapers or plastic pants prevent "air-cooling".)
* Indigestion. Try burping.
* Pin sticking (unlikely).
* Temperature. To test this possibility, reach your hand in to feel the baby's chest or back. Or take axillary (armpit) temperature; normal is about 99 degrees.
* Fatigue: one of the most common causes for crying.
* Household tension.
* Response to change: other parent returns from work; different surroundings.
* (And this is the kicker): UNKNOWN CAUSES!

c) Soothing techniques: You'll probably develop a routine of your own, perhaps based on "what worked" the day before, but here are some suggestions:

* Consider if he is hungry.
* Try burping.
* Check for that pin; or that wet diaper; or if she is too hot or cold.

d) If everything checks out physically, you can try:

* Swaddling. Most babies like it. Some work themselves up more and more and they need you and a tight wrap and hug to break the cycle.
* Hold her so she can hear your heartbeat - front pack is good for this.
* Pacifier (or your finger) to suck.
* Warm bath (if he likes baths).
* Gentle noise - infant seat on floor near dryer, vacuum cleaner, music, hair dryer.
* Gentle motion. Anything goes here: rocking, walking around, stroller or car ride (a traditionally successful soother), swing (some babies and parents love them, some don't; suggest you borrow one before buying).
* Change of scene. Going for an outdoor walk can help you relax, so, directly or indirectly, it will help your baby.

This brings us to: How much crying is enough? The answer: As much or as little as you can tolerate. Know your own baby and know your own limits. Pick up baby when you want to. Newborns are not testing you with their crying. (Some people may tell you otherwise.) That will come later, and most parents sense it when it happens. You should feel free to hold and comfort your infant as much as you want to.

But, when you've tried everything and called everybody for their suggestions and your precious angel is still screaming, and you're ready to start screaming...remember that he will survive if you put him down in his crib and close the door and go to another corner of the house, a quiet one, for a

few moments to relax (Lamaze or other relaxation breathing has been helpful!) and regain your composure. As we've suggested, your tension can be contagious, so you really are helping both yourself and your baby by having this little rest. This probably will produce guilt (I'm not the perfect parent?) but fight that guilt! Perhaps you may even want to arrange a stretch of time away from the baby. It helps you regain perspective.

3. Sleep

Newborns are light sleepers. Only 20-30% of their sleep is deep, and only for very short periods. As they grow older, these proportions will reverse. As you probably already have been warned, newborns tend to sleep in short stretches, 4-5 hours maximum, but they will probably get 12-15 hours per day (whether it seems like it or not!).

a) Sleep schedules will probably be very unpredictable for at least the first month. They will change constantly to keep pace with growth spurts and rest periods.

b) Most babies can get accustomed to either a silent home or an average noisy one, so there's usually no need to whisper or tiptoe around. BUT there are individual differences here, of course, as you might have guessed.

c) Your baby can sleep in a room by herself, as long as you can hear her when she cries.

d) Most babies prefer sleeping on their tummies, which is safe. On their backs, there is the possibility of choking if they should spit up. For a change, or if the baby seems gassy, he can sleep on his side, with the aid of a rolled up receiving blanket behind him.

e) Most babies go through a ritual of fretting and whimpering before

they fall asleep. Give your baby time to work through this and fall asleep on her own before you decide to "help."

f) However, some babies have difficulty getting to sleep and they set up a cycle of crying and thrashing about which they can't break on their own. Besides the soothing techniques we've already talked about - rocking, riding, singing, swaddling, sucking - you might try:

* Darkening the room:
* Warming sheets in dryer or with hot water bottle (prior to putting baby in, of course).

As you can see, your baby's behavior can be a source of joy and anger, of frustration and satisfaction - but it will not be boring. For every time you've got things all figured out, your baby will have a new surprise for you.

4. Movement [omit if short on time].

Movement is primarily reflexive and random. Try these with your baby (speaker demonstrate on doll):

a) Stroke cheek or mouth, and baby's head turns toward that cheek, mouth opens, tongue moves toward stroking object. This <u>rooting reflex</u> is helpful to know about when nursing - if you grab both of baby's cheeks to turn his head to the nipple, he will be confused; just stroke the cheek with the nipple.

b) Sucking, which is part of the rooting reflex, is very strong, especially for the first four months. The need to suck varies. Some babies are satisfied with nursing alone, while others need much more and will suck their fists, thumbs or fingers. If your baby is one of these "super suckers" you may want to try a <u>pacifier</u> [speaker pass samples around]. There are many shapes; if one is

rejected by your baby, try another. Look for safety when buying them. It must be small enough not to cover nostrils, but big enough not to be swallowed; also make sure it is put together well if it's made from two pieces of rubber or plastic.

c) Make a sudden noise and you'll see your baby's arms and legs fling outward, head thrown back. This is the Moro reflex, which some women have already felt in utero (after a slap on the tummy). Babies differ greatly in their response to this stimulus, too.

d) Hold baby erect over your bed, and she will make walking movements. This reflex disappears quite early, to be replaced in a year or so by voluntary walking.

e) When baby is placed face down, he will move his head from side to side and try to lift it. Some babies have good neck strength (surprisingly early) while others take longer to develop.

f) Stroke palm or sole at base of fingers and toes; baby grasps.

g) The tonic neck reflex is interesting, and thought to be the beginning of "sidedness" in the baby; place baby on his back, turn head to one side, and the arm on that side will extend, knee on that side will flex, and opposite arm will crook. Turn head the other way and the whole action is reversed.

h) Support head and trunk on surface of water; arms and legs "swim".

Other normal movements you will see are hiccuping (frequent in some babies); chin quivering, and arm and leg trembling. The hiccups probably will not bother baby at all, but you can try nursing or warm water from a bottle, or spoon, if it bothers you. The quivering may alarm you the first time you see it, but the baby probably is not cold or terrily upset - IT'S NORMAL!

Newborns' self-preservation instinct is amazingly strong; they gag, blink, shiver, sneeze, cough, yawn, and try to bat things away if placed over nose and mouth, BUT they cannot protect themselves from falls for months yet, so do not leave them unattended.

5. Appearance [pass around pictures of newborn].

a) Weight: may vary from 5 to 11 pounds and still be normal (slight loss immediately after delivery is typical).

b) Head: size large in proportion to rest of body; may be misshapen due to birth process (corrects itself).

* Hair: may gradually fall out and be replaced by new hair that may differ in color and texture.

* Eyes: color usually slate-gray or blue, not necessarily permanent color (may change anywhere betweeen 3 months and 1 year).

-- Eyelids may be swollen.

-- May be cross-eyed (eye control comes around 3-6 months).

-- May not have tears (appear around 2 months); excessive tearing should be brought to physician's attention.

* Mouth: may develop "sucking" blister on upper lip from vigorous sucking (will clear of own accord). If white patches resembling cottage cheese appear in mouth and don't wipe off easily, contact physician.

* Breathing: slow, irregular and at times so shallow can hardly be seen or heard. May snore faintly in sleep.

c) Skin: loose and wrinkled (absence of much fat).

* May have fine downy hair on face and body, especially back,

shoulders, and ears (disappears in 1-2 weeks).

* Hands and feet may stay bluish or red for several days.
* Skin may be dry and peeling, especially hands and feet.
* Dark red or purple spots may appear on eyelids and neck.
* Small white pimple-like specks may appear on face; especially across nose. DO NOT SQUEEZE (blocked sweat glands; disappear without treatment).
* May have acne-like pimples on face, especially around 5 weeks (due to hormones from mother before birth; will clear without treatment, "baby zits").
* Jaundice - yellow discoloration of skin, eyes, and membranes of mouth (caused by inability of newborn's liver to handle the breakdown of extra red blood cells baby has before birth but no longer needs). Report to physician. (Should clear by second week.)
* May have deep blue patch on lower back or buttocks; looks like bruise but is not (due to excessive pigmentation in that patch of skin); may fade in time (usually by two years).
* Fingernails - long, paper thin; grow rapidly (if not all nails present, will appear soon). Cutting prevents baby from scratching self; cut while asleep or feeding. Methods: baby scissors, fingernail clippers; use great care, easy to cut tips of baby's fingers. Emory boards also work, without the risk of cutting fingers.

d) Genitals: appear enlarged in both boy and girl babies (from mother's hormones). Girls may have whitish or blood-tinged vaginal discharge;

a normal occurrence.

e) Breasts: may be enlarged in both boy and girl babies; may even secrete fluid (DO NOT RUB, MASSAGE, OR SQUEEZE).

QUESTIONS?

CORD CARE & BATH DEMONSTRATION

CORD CARE

The umbilical cord connects baby to placenta before delivery. After delivery, the cord is cut leaving a stump at the baby's navel which gradually dries up (like a scab), becomes black, and drops off 10 to 14 days after birth. The drier the navel is kept, the faster it will heal. That is why a sponge bath is given for the first few weeks.

The cord/stump is best kept dry and clean by:

1. Dabbing with alcohol (use cotton ball or Q-tip) several times a day.
2. Keeping diaper below the navel.
3. Dabbing with alcohol if navel gets wet from a damp diaper or bath. (DO NOT use alcohol on any other parts of baby's body.)

NOTE: A small amount of blood (a few drops) may ooze for several days after the stump falls off. This occurrence is normal; continue to dab with alcohol. Of course, report any excess bleeding (more than a few drops) to physician.

Sometimes the navel bulges or protrudes, especially when baby struggles or cries; causes baby no harm or discomfort and will usually disappear with time. Do not apply "belly bands", tape with silver dollar, garlic, or other old-fashioned remedies. After the navel has healed (stump dropped off and oozing stopped), tub bath may be given.

BATH DEMONSTRATION

[Tub should be filled during previous break, and all supplies/clothes spread out nearby on the blanket.]

A) When to bathe:

Any time convenient (avoid when baby is very hungry or when she has just eaten).

B) How often?

Not necessarily every day as long as bottom, neck and mouth areas are kept clean. (Some physicians suggest not more than 3 times a week.) Consider your own strength and energy.

C) Who? How about Dads?

Giving a bath is a good way for fathers to get to know their children.

D) Where?

Wherever convenient and comfortable for you and baby.

1. A warm place free from drafts.
2. Can be done in a baby tub, kitchen sink (clean well before and after use), bathtub or dishpan. NEVER LEAVE A BABY ALONE ON A RAISED SURFACE OR IN THE WATER!
3. On a table, counter, or floor.

E) Preparation

1. Assemble all supplies, keeping them within your reach but <u>out of baby's reach</u>.
2. Use only 2-3 inches of water at first until you get the knack of holding baby securely.
3. Test temperature of water with elbow or inside of wrist - if it feels neither hot nor cold (95-100 degrees) it's right.
4. Remove watch/rings/jewelry.
5. Wash hands before handling baby.

6. Unplug telephone. If other interruptions occur during bath, either take baby with you, put in bed, or ignore interruption. DO NOT LEAVE BABY ALONE!

7. Ready for Baby: [Introduce parent(s) and baby. Ask baby's age. Bring baby to the front. Explain that many newborns become upset when undressed -- may scream through whole bath. This is normal. Talk soothingly to baby during bath.]

F) Bath Procedure

You may wash face and head before undressing baby. Wash from cleanest to dirtiest part of baby. Start with face and head and work down the body; do diaper area last.

1. Face: use plain water (NO SOAP).
   a) Eyes: wipe gently with moistened washcloth from nose outward, using clean part of cloth for each eye.
   b) Face: wipe gently.
   c) Nose: gently wipe dried mucus at corners; DO NOT clean up inside.
   d) Ears: wash outer ear only; carefully get into all folds, especially behind ear (wax protects and cleans canal). NEVER use a Q-tip to clean inner ear.
   e) Mouth: ordinarily needs no extra care.
2. Head (hair): point out fontanelles (smaller [posterier] closes around 6 weeks, and larger ([anterior] around 12-18 months); are covered with tough, leather-like membrane so the scalp can and should be cleaned thoroughly.
   a) Hold baby over tub to wash hair (football position).

b) Use baby soap or mild shampoo and massage scalp gently with fingers, washcloth, or soft brush.

c) CRADLE CAP is a scaly crust which appears on scalp. One way to treat: apply baby oil to area at night and wash thoroughly in morning. Softened crusts can usually be combed off with a very fine-toothed comb. A medicated over-the-counter shampoo is available; check with pediatrician.

3. Body

a) Use small amount of soap to wash baby.

b) Always rinse well (soap can be irritating).

c) Baby can become quite slippery when wet and soapy, so hold firmly. A towel placed in the bottom of tub may be helpful.

d) Remove baby's clothes, including diaper; clean bottom if soiled.

e) Slide baby into tub feet first to avoid frightening him.

f) Neck and chest: tilt head to clean creases.

g) Arms and hands: clean creases under arms, elbows, fingers.

h) Back: lean baby forward supporting head and chest.

i) Legs and feet: clean all creases and between toes.

j) Genitalia: wash in all folds; white cheesy material collects in folds of labia of girl and around end of penis of boy. (If boy not circumcised, you may gently retract foreskin, cleanse and return. Some doctors say never retract; check with your pediatrician for proper care.) Or you may want to

wash genitalia outside tub, just prior to placing in tub, and rinse as soon as in tub.

4. Dry baby; remove from tub and quickly cover to prevent chilling.
   a) Pat dry: baby's skin very thin, delicate.
   b) Important to dry in all creases, especially neck and between fingers and toes.

[Re-emphasize that this is just <u>one</u> way to give a bath; parents will develop a style which is comfortable for them and their baby.]

G) Dressing: keep hand on baby at all times if using counter or table.
   1. Lotions and powders: fun to apply after bath but NONE are really necessary. Check with your doctor. Powders may be helpful if skin chafes easily; some doctors prefer that powders not be used at all. NEVER shake directly onto baby (they may inhale the fine particles); instead, dust onto your hand away from child and pat gently onto baby.
   2. Diaper: use the type provided by baby's parent(s).
   3. Shirts, gowns, playsuits (amount depends on weather).
      a) Necks: open wide so baby can see through as it is placed over her head.
      b) Sleeves: slip your fingers through end of sleeve and grasp baby's hand, holding all fingers to prevent injury and draw his hand and arm through sleeve.

H) Holding: Never wear jewelry, pocketpens, when handling baby.
   1. Support head, back and bottom (heaviest parts); (head is so big and neck muscles so weak at first).
   2. Avoid pulling on baby's hand, arms, or legs.

3. Avoid sudden movements (may startle baby).

4. DEMONSTRATE a couple of ways to hold a baby.

   a) Picking up from a flat position.

   b) Cradled in bent arm.

   c) Football hold.

   d) Over the shoulder.

I) Burping (to assist baby in bringing up air swallowed during feeding).

1. When: periodically throughout feeding (at least half way through and at end of feeding).

2. Technique

   a) Possible positions

      * Over shoulder.

      * Lean baby forward in sitting position.

      * On lap from side to side.

      * On tummy over your knees.

   b) GENTLY pat or rub baby's back (DO NOT POUND).

   c) Protect yourself and baby's face with "burp cloth" (a clean cloth diaper, dishtowel, washcloth, etc.) as baby may spit up with burp.

   d) If baby doesn't burp after a couple of minutes, try changing position. If still no burp, continue with feeding or put to bed on RIGHT side or tummy to facilitate release of bubble.

3. Spitting Up

Stomach contents spill gently out of baby's mouth, usually in small amounts. Most babies do some spitting up during the

early months (some several times after each feeding, while others only occasionally). Some spitting up is normal; however, if baby is having projectile vomiting (vomiting with great force), call your doctor.

QUESTIONS?

POSTPARTUM FEELINGS

Introduction: [Leader instructs participants to refer to page 48 of booklet to section on "After Your Baby Arrives...".] We've spent the morning sharing and showing you ways of caring for your newborn -- all of which you would have picked up by yourselves in a very short time. The problem is that those first few weeks postpartum present such a period of adjustment for many new parents that even the simplest tasks seem to take forever, and it's very common to find yourself wondering if you're going to be able to cope with your new role at all. In the hopes that it will help you to anticipate and prepare for what may be in store, we would like to share some of our own experiences with you; perhaps they will help you with yours.

Your booklet shows a normal range of emotions experienced by new parents in the weeks following the arrival of a baby. Some of these will be felt by all of you and all of them by some of you. I'm going to ask each of our volunteers to take one from our list and describe briefly how it relates to his/her (or mate's) postpartum experience.

[Leader can start with self - don't forget to include bath baby's parent(s), and any parents who have already delivered in the group. Be tough with volunteers especially about keeping it short - might say "in 25 words or less" or some such pointed warning! Be ready to cut off anyone who is taking too long; everyone should have a chance. Be sure the discussion ends on an upbeat note, especially if there have been a lot of negative feelings aired. We don't want to scare people; we just want to be realistic.]

See Part Three -- Handouts: After Your Baby Arrives.

Diaper service drawing: Have one of the expectant parents pick a name from the box.

WRAP-UP

* Cut off the discussion at 12:00 Noon.
* Thank parents for coming; tell them to feel free to stick around and ask any questions.
* Remind them to pick up PEP brochures on the way out.
* Remind them to call us if they need us. (WARMLINE 964-2009)
* Do they have the informational materials to take home? (PEP booklet and additional brochures)
* End by saying, "Relax, follow your instincts and enjoy your babies."

PRACTICE TABLES

We use three work stations, or practice tables:

1. Sponge bath table
2. Diapering table
3. Clothing and equipment display.

(Two other tables used to display car seats and feeding equipment are referred to during the formal presentations.) Each of the three work stations is supervised by a volunteer whose function is to guide parents through the "hands-on" activities and to answer questions and provide suggestions and information about the items displayed.

The work stations have several purposes:

* to give parents a chance to practice bathing and diapering on life-size dolls
* to provide parents an opportunity to discuss their specific questions and concerns with a volunteer, one-on-one
* to make constructive use of all the limited time available to us
* to help create the casual, caring atmosphere, with lots of intereaction between parents and volunteers, that is most conducive to producing a really exciting Baby Basics session.

A word about the table scripts that follow: The sponge bath script was written specifically for a practice table, and the volunteer instructions it contains can be applied to the other tables as well. Scripts for the diapering and the clothing/equipment tables were written originally to be given as

presentations during the main part of the program. When we made the decision to cut diapering and clothing/equipment from the main program, we decided not to rewrite the scripts for the tables, but to have the volunteers use them as guides in aiding parents in their "hands-on" experience.

For additional information on setting up the display and practice tables, see page 12 (Displays and Storage), page 22 (Car Seat Presentation), page 77 (Suggestions for Basic Layette - handout), page 78 (About Baby Clothes - handout), page 80 (Sponge Bath - handout) and page 118 (Diagram of Room Set-up).

SPONGE BATH

Read over a copy of the Sponge Bath instructions parents will receive in their booklet. (There will be a small stack of instructions on your table.) They are simple, general instructions written to allow parents to do the bath their way without a lot of rules and regulations. Our main objective during this part of the program is to build parents' self-confidence. Secondary objectives might include: 1) setting a relaxed, easy-going pace for the morning (an ice breaker); 2) establishing a relationship between parents and volunteers (one that we hope parents will feel comfortable enough with to be able to call on you with any questions they might have during the rest of the program); and 3) encouraging communication among parents themselves (awareness that their anxieties and feelings are shared by others, too).

Gather your group (6-10 parents) quickly around the table (please note that time allowed before class and at the two breaks is just twenty minutes).

Quick, first-name introductions might be nice (try not to waste too much time with preliminaries - more formal introductions come later).

Inform your group that this type of bath (sponge bath) is how they might consider bathing their baby for those first couple of weeks before the navel and/or circumcision heals.

Before starting, demonstrate holding the baby football style and suggest that it might be a good way to hold a baby while washing his hair. Pass the doll around so each can practice the hold.

Select one parent to start the bath and one to read the instructions (approaching fathers has proved fruitful). It might be appropriate and nice to switch parents periodically throughout the procedure so each has a turn doing

at least a portion of the bath. This also helps it become even more of a group project.

(PLEASE DO NOT BATHE THE BABY YOURSELF)

Remember throughout the practice bath:

1. Encourage each parent to participate.
2. Don't make it a stressful situation.
3. Avoid lecture-type discussions.
4. Reassure, compliment and praise the parents. (Try to build self-confidence. We want this to be a positive experience.)

At the end of the bath session, demonstrate swaddling.

DIAPERING

[Before parents arrive, arrange the supplies/equipment on the table.]

Introduction

There is really no wrong way to put on a diaper; whatever works and looks reasonably secure is okay. You may choose from many different kinds of diapers. We will try to sort them out for you so you can make your own decision as to what type is best for you and your baby. First, I'm going to pass around this diaper cost comparison and this "poop" sheet [Speaker: pass them in different directions]. Because BMs are a source of some amazement to new parents, we'll talk briefly about them first, then I'll demonstrate some diapering techniques.

1. Bowel Movements:
   a) First BM is blackish tar-like substance called MECONIUM (you may never see this if the baby is in a hospital nursery).
   b) First few days (until feeding is established): stools are greenish black and sticky.
   c) Breast-fed stool: usually soft, loose or mushy; light yellow to yellow orange; occasionally green, curdy. Baby may push/grunt/strain.
   d) Formula-fed stool: usually pasty or lumpy; pale yellow to tan.
   e) Number varies: some babies may have movements after each feeding, some only one in several days. Breast-fed tend to go more frequently at first. Then, around 2 months, possibly none at all for several days at a time.

f) Diarrhea: double the usual frequency and watery, soaking the diaper much beyond the stool itself. Check with your doctor if this happens.

2. Diapering

a) Types (hold up each kind)

1. Cloth

* prefold (diaper service uses this)
* rectangle gauze (dries easily, can adjust size from infant to toddler)
* stretchable gauze (fits snugly)
* square birdseye (least expensive)

2. Disposable: various types; some contoured, some with elastic legs; wide price range.

3. Cost: refer to Diaper Cost Comparison Sheet (see Appendix); disposables are more expensive.

b) Number:

1. Plan on 10-15 changes/day.
2. Your own cloth: 4-6 dozen.
3. Diaper service: 90-100/week.
4. If using only disposables, still nice to have some cloth on hand (use as burp cloths, etc.).

c) Diaper liners [hold one up]: help in disposing of bowel movements.

d) Plastic pants [hold each kind up]

1. Help keep clothing and bedding dry.
2. They will last longer if NOT dried in dryer.

3. Do not use when baby has a diaper rash.
4. Choices of plastic, nylon, side snaps, pull-ons.
5. Soaker type: very expensive, good for babies with very sensitive skin.

e) Preparations [hold each up, encourage parents to smell, touch, examine (PEP endorses no specific products)].
1. Wipes: various kinds, used to clean diaper area. (Note: plain water and washcloth work just as well.)
2. Creams, vaseline, powders and oils: can be used after the diaper area is cleaned to help protect skin. (Note: some pediatricians do not recommend the daily use of some of these preparations - check.)

f) Procedure [Speaker demonstrate while talking]
1. When to change: when wet and awake (do not awaken to change); usually before and/or after feedings for newborns.
2. Cleaning bottom: thoroughly, especially after each BM; wipe girls and boys from front to back.
3. Creams: apply for protection if desired (use sparingly).
4. Diaper pins: use only those specially made with a safety head for diapers; for safety reasons keep closed or stuck in bar of soap (which also lubricates) when not in use; place crosswise to fasten diaper with point away from genitals. [Speaker: use a prefold to diaper doll or baby. Also could demonstrate how to fold rectangular and square diapers at this point.]
5. Disposable diaper tapes: they don't hold securely if creams

or powders get on them. Don't throw out: use masking tape; it works just as well.

6. Diaper rashes -- treatment:

   * Try cloth diapers.
   * Try disposable diapers.
   * Frequent diaper changes (as soon as baby is wet).
   * Clean diaper area thoroughly with each change and use mild soap and water or wipes; dry well.
   * Check laundering, rinsing: soap residue can be irritating. Try rinsing again/twice.
   * Can use over-the-counter creams to treat mild rash. Check with pediatrician first.
   * Expose bottom to air without diaper.
   * If wet blisters appear or if having problems clearing rash, consult physician.
   * Forego the use of plastic pants until the rash starts to clear; cut off gathers from disposables to allow air circulation.

QUESTIONS?

EQUIPMENT

[Before parents arrive, arrange poster(s), clothing, and equipment on and around table.]

Introduction

We have found that most people have acquired most of their nursery equipment by now. If you're still shopping though, the list in your booklet might help with suggestions. Also, we have a sample layette here to look at. So rather than go over all the possible items you might want to buy, we would just like to mention features to look for in certain kinds of equipment, and points of safety to consider. Recently manufactured things tend to be safer than older ones, so if any of your equipment is secondhand, you might want to check it over thoroughly before using it. It's not necessary to spend a lot of money; you can get by with surprisingly little. Garage sales and rummage sales are good sources, but be sure your equipment is SAFE. If you have an older piece of equipment, you can contact the manufacturer for parts and information.

1. A Diaper Bag
   a) A most important item since it will be used for years.
   b) [Show each item contained in the bag and briefly explain its use.] Diapers will be explained at the Diaper Table.
2. A Place to Sleep
   a) Newborns like a cozy spot such as a bassinet, a carriage, or even a box with foam cut to size. Could also lie sideways at the end of a crib.
   b) Sheepskins are expensive, but good for tactile stimulation. Some

babies sleep better on them. Worth a try for a fussy baby.

c) "Crib-Cuddle": expensive, but helps some babies sleep better. Can be used for about 4 to 5 months or until baby might roll off. Used on crib like a hammock, almost touching crib mattress.

d) Crib slats should be close enough together so head can't slip through. (Federal standards: 2 3/8" apart.)

e) Avoid using pillows either as a mattress or as pillow for head - too soft; baby may smother.

f) Avoid plastic bags as mattress covers; there are plastic covers with zippers made especially for this purpose.

g) Don't place crib near windows within reach of curtain cords. Don't hang heavy objects (pictures, etc.) on wall within reach of crib. Best place for crib is away from wall.

h) Nightgown strings can be a potential danger; you might want to remove them.

i) Be sure your crib bumper is securely fastened if you use one. Babies like to push their heads against them, so bumpers should not be too soft. Patch tears because the foam inside shreds. Use blankets that do not fuzz (babies could inhale fuzz).

3. Infant Seats [refer to posters]

a) Useful for changing baby's position and view.

b) Never use an infant seat as a car seat (although some car seats can be used as infant seats).

c) Look for kind that has a base wider than the seat. Others tend to be flimsy and very unstable.

d) Never leave baby unattended in infant seat.

e) Never use on a raised surface (even newborns have been known to flip out); floor is the best spot.

f) Newer types of seats have a soft, hammock like back. Not as confining, allows baby more freedom of movement.

4. Baby Packs

a) Some babies love them and some babies dislike them.

b) Borrow one and try it first, especially if you're considering one of the more expensive kinds.

c) Be sure to get one that supports baby's head. Look for one you can get baby into and out of by yourself.

d) If you're a bicycle rider, consider whether you feel it would be safe riding with a baby in a pack.

5. Changing Tables

a) Most accidents in first year occur on or falling off changing tables or beds during changing. By three months of age baby safer on blanket on floor or in crib with side raised during diaper changing.

b) Be sure top surface is large enough to hold baby comfortably. Best to have one with strap or surrounding rail; always keep one hand on baby while on table. Keep all supplies within reach.

c) A special changing table not really necessary. Could pad the top of a dresser, or the top of a large bathroom counter. The floor is the best place but can sometimes be hard on adult backs!

6. Other Supplies. We can discuss other equipment as we go along.

QUESTIONS?

PART THREE

HANDOUTS

NOTE: Contents of this section have been incorporated into the booklet entitled: "Baby Basics: A Guide to Your First Weeks as Parents."

CALIFORNIA'S MOTOR VEHICLE PASSENGER SAFETY LAWS

More children are killed in traffic accidents than by any other cause. The greatest risk and highest death rate is to children under six (6) months of age. Most accidents occur within 25 miles of home and at speeds of under 40 mph. It is estimated that proper use of car seats and seat belts would lower the death rate by as much as 90% and injuries by over 65%. PEP advocates the use of restraint systems for every member of the family on every ride. This includes pregnant mothers and newborns on the trip home from the hospital.

California law requires that all automobile and pickup truck passengers wear seat belts or ride in an appropriate child safety seat.

Parents must properly secure their children until they are at least four years of age and over 40 pounds in car safety seats when traveling in their own vehicles. When riding in a vehicle owned by someone else, parents must properly secure their children in either car safety seats or available safety belts.

The driver is responsible for seeing that passengers are buckled up. Any passenger over 16 years of age not wearing a seat belt can be cited. The driver can be cited if any passenger under 16 years of age is not wearing a seat belt or secured in an appropriate car safety seat.

All car safety seats sold by California retailers must meet federal standards established January 1, 1981.

For more information, write or call:

Office of Traffic Safety
7000 Franklin Blvd., Suite 230
Sacramento, CA 95823
1-800-BELTS ON

HOW TO RESTRAIN CHILDREN SAFELY

I. Infants (birth to about 18-20 pounds)

A. Must always ride in safe car seat, never in ordinary infant seat or on lap
B. Choose seat for infant only or convertible type
C. Infants must face auto seat back, recline no more than specified on seat's instructions (no top tether straps required)
D. Baby should be harnessed snugly before adding blankets (receiving blankets may be rolled up and placed beside baby to support head)
E. Keep baby in backward-facing seat as long as possible (determine by fit and baby's comfort)

II. Toddlers (from about 20-40 pounds)

A. Must always ride in safe car seats, since seat belts do not give adequate protection for young children
B. Choose seat for toddler only or convertible type
C. Toddlers face forward; seat must be upright, NOT reclined
D. Child must be harnessed properly in seat; auto seat belt must be used in specified position
E. Top tether must be used if seat has one
F. Keep child in safe car seat until 4 years AND at least 40 pounds; child may then use adult lap belt or, preferably, safety seat for older child
G. In an emergency, a seat belt is better than no restraint at all (put child in rear seat)

III. Older Children (or over 40 pounds)

Safety Seats

A. Choose a safe booster or shield-type seat designed for the car, not an ordinary booster or cushion
B. Do not use lap belt alone with these seats (must use adult shoulder harness, special harness with top tether, or shield)
C. These seats keep the seat belt low, restrain the upper body and head, and enable the child to see out the window
D. Do not use these seats if mid-point of child's head is above auto seat back (no whiplash protection)

Regular Seat Belts

A. Keep seat belt low, across hipbones, and snug
B. Put child in back seat of car if possible, where head is less vulnerable.
C. Do not use adult shoulder harness until child is tall enough that it does not cross face or neck (place it behind child's back, not under arm, if not in use)

REMEMBER: ALL car seats must:

1. Be dynamically crash-tested
2. Be secured by auto lap belt or lap and shoulder belts
3. Hold the child in the seat with a harness or shield

CHOOSING A SAFETY SEAT

Child safety seats come in several shapes and sizes because different stages of a small child's development require different types of protection. Parents have several considerations to keep in mind when selecting a safety seat. There is no "best" seat.

Infant Carriers

Until they weigh about 20 pounds, newborns require a carrier which is a tub-shaped bed that cradles the child in a semierect position. The infant is held securely in the carrier by means of a harness. Infant carriers are designed to face the rear of the car and must be secured to the seat by the adult belts already in the car. Accident data show that the rear seat is generally safer than the front seat.

However, many parents alone in the car with their baby feel uncomfortable placing an infant in the rear seat facing to the rear where they cannot see the child. Since the rear-facing infant carrier is designed to protect the baby's head from the dashboard and windshield, the front seat is a suitable alternative. It is most important, however, that infant carriers never be used facing the front of the car. For a very small infant, it may be more comfortable to roll up small blankets or towels and place them inside the carrier at the sides of the infant's body.

Whatever type of infant restraint used, it is important to provide some protection for the newborn. One of the most tragic car accidents is that occurring to a newborn being taken home from the hospital the first time, given only the protection of its parents' arms. In such accidents, many little babies have died.

Convertible Models

Some models of infant carriers convert to child seats so that they can be used from birth until the child weighs about 40 pounds. For economic reasons, a convertible model may be a sound choice, since there is no need to buy a second seat when the child outgrows the infant model.

If you decide to buy a convertible model, there are several points to consider. Some infant seats that convert to child seats require a top tether strap that must be secured to the rear seat belt if used in the front seat.

To use this type of seat in the rear seat requires that a hole be drilled through metal in the rear window shelf. Correctly used tether straps add extra stability to seats and often these are the seats that allow the least amount of movement in a crash. However, if you do not intend to drill the hole for the anchor bracket and attach the tether strap every time you place the seat in the car,

do not buy this type of seat. There are convertible models that do not require a tether strap.

Toddler Seats

For children who weigh more than 20 pounds and can sit up by themselves, there are two types of child seats. The shield type consists of a seat with a padded and slightly flexible impact shield that comes up close to the child's stomach and then bends away from his face and chest.

The safety seat itself is held securely in place by an adult lap belt which is fastened around the shield. An advantage of this type of restraint is that parents do not have any harnesses or buckles to deal with. Children can learn to climb in behind some shield models with the seat already secured in place. However, children can also climb out of the shield while the car is moving; therefore, this type should only be used with well-behaved and disciplined children.

The harness type secures the child to the safety seat with a five-point belt system. This type of seat may be more complicated to use than the shield type but it is harder for an active child to wiggle out of and may allow for more freedom of movement within the seat. Some of the newer models of safety seats secure the child with a combination of shield and harness.

It is important to note whether or not the seat you choose requires a top tether strap that must be secured to a rear seat belt or the window shelf behind the rear seat (or cargo area of station wagon or hatchback). Again, if you do not intent to anchor the tether strap every time you place the seat in a car, choose a model that does not require a top tether.

Booster Seats

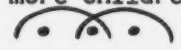
Booster seats are designed primarily to fill the gap between when a child outgrows the standard child safety seat and when the child can use the adult belt and still see out the window. Some models can also be used for smaller children, as small as 20 pounds, and most can be used for children up to about 65 pounds.

It is extremely important to note that booster seats should only be used with upper torso support, either by using the lap and shoulder belt, or for maximum safety, by using the body harness supplied with the booster seat. The body harness is secured in the same manner as a standard top tether strap. A booster seat without upper torso support is less effective than using the adult lap belt without the booster.

Adult Safety Belts

Adult safety belts should be used for children who have outgrown their safety seats or for children who can sit up by themselves when no safety seat

is available. The belt should be snug and as low on the child's hips as possible. If the shoulder belt crosses the child's face or neck, the shoulder belt should be placed behind the child's back after the buckle has been fastened.

Parents should check to make sure the child's head will not hit the dash in a crash or sudden stop. If this could happen, the child should be placed in the rear seat. If an emergency situation arises where there are more children than seat belts, three children can be secured within two belts. 

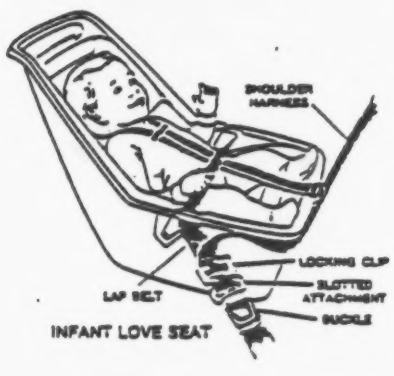
Pillows or cushions should not be used to boost a child. They can slide out from under the child, allowing him or her to submarine under the lap belt, or allowing the child's head to move so far forward that it strikes the car's interior.

USE OF THE LOCKING CLIP

1. Usage
For use in vehicles equipped with latch plates with a slotted attachment to the webbing which permits the latch to slide along the webbing. See Figure 1.

2. Purpose
To prevent the latch plate from sliding freely along the webbing.

3. Installation
A. First install child seat or infant carrier in the vehicle in accord with installation instructions furnished.
B. Grasp the webbing and latch plate to prevent it from sliding along the webbing and disconnect the latch plate from the buckle.
C. Fold webbing and thread onto clip, one side at a time. Keep clip close to latch plate (No further than 1/2" - See Figures 2 and 3).
D. Pull separately, both the shoulder portion and the lap portion of the webbing against the latch plate to be sure it tightly engages latch plate.
E. Hook latch plate and see that clip has been installed correctly. (lap portion snug around child seat or infant carrier) with all slack webbing eliminated.
F. Once properly installed, this adjustment will be retained until clip is removed or vehicle seat is re-positioned.



INFANT LOVE SEAT

CHILD LOVE SEAT

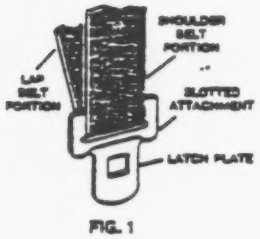


FIG. 1

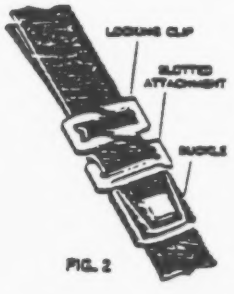


FIG. 2

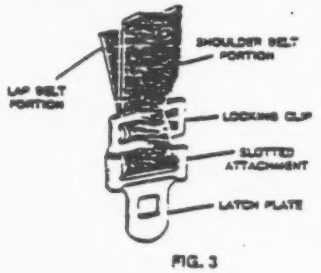


FIG. 3

BEST COPY AVAILABLE

RECYCLED CAR SEATS
CAUTIONS AND OTHER CONSIDERATIONS

Garage sale bargain hunters frequently encounter opportunities to pick up used childrens car seats at attractive prices. And, because of California's law requiring children to be buckled up while riding in cars, these bargains in car seats can seem even more attractive to parents strapped for cash during these tough economic times. Bargain hunters must view these offerings with a critical eye, however, if they are going to avoid the many pitfalls possible in the purchase of a used seat. Following is a shopper's guide to recycled car seats:

1. Purchase a seat model that is known to provide safety. All safety seats are marked with their date of manufacture. Any seat manufactured after January 1, 1981 meets the toughened government standards set by FMVSS 213-81, requiring dynamic testing. These seats can be counted on to provide an adequate margin of safety if properly used. Certain models manufactured before this date also meet the dynamic test standard. A list of these seats is provided in the pamphlet, "Will you give your child the Perfect Gift?" available free of charge from local Automobile Club of Southern California offices. Seats manufactured before 1981 that are not on this list cannot be counted on to provide an adequate margin of safety and should be strictly avoided.

2. Make sure all of the hardware for the seat is available. Some parts that are essential to safety are easily removed from car seats. There is a special place in every garage for lost pieces, and although no one knows where this place is, it is sure to contain car seat parts. Most of these parts are available for a small charge from the manufacturer, but if the seat is used without them while they are being ordered (or going to be ordered "when we get around to it"), the safety provided by the seat may be seriously compromised.

3. Be sure to get a copy of the manufacturer's instruction sheet. Be sure to follow the instructions carefully. Surveys have shown that as many as 75% of all car seats are installed improperly. An improperly installed seat may add to the hazard in an accident instead of providing safety.

4. Check the seat carefully for defects. Broken, worn or damaged parts may prove to be crucial in an accident. Sharp edges from cracked plastic or metal parts may cause injury because they are there.

5. When in doubt, don't! Error on the side of caution is much preferred when the safety of your child is at stake. If your bargain car seat doesn't seem to fit your car properly when you install it, it probably doesn't fit your car; NOT ALL CAR SEATS FIT ALL CARS. Buy a different seat that will fit your car.

SAFETY WARNING FOR CENTURY "SAFE-T-RIDER"

Harnesses accompanying "Safe-T-Rider" booster seats made by Century after September, 1980, have been redesigned to correct a defect. Harnesses of seats in the stores when the defect was discovered were exchanged for new ones made of stronger webbing. Century has offered parents a free replacement.

Consumers with booster seats manufactured before 9/1/80 should write to Century Products, 1366 Commerce Drive, Stow, Ohio 44224 or call collect (216) 686-3000 for exchange.

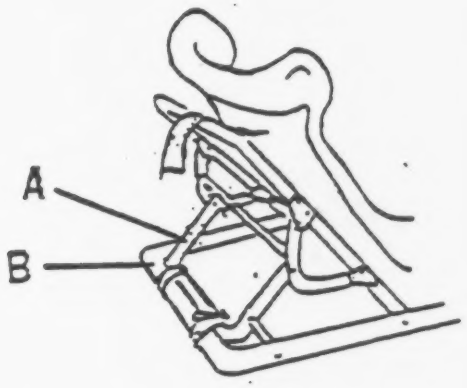
Note that this seat is now being sold for children 20 to 65 pounds or ages 1-10.

"WEE CARE" BY STROLEE MODIFIED

Strolee of California has remedied the defect which permits the rearward facing "Wee Care" car seat to collapse forward in crash tests. All seats made during or after April, 1980, have two posts which prevent bar A (see illustration) from slipping up and over bar B.

Older "Wee Care" car seats can be modified satisfactorily at home by attaching bars A and B together with two stainless steel hose clamps, size 12. Wrapped around both bars and screwed tight, they should prevent any possible collapse.

Note that these two bars should remain in this position for both reclining and upright modes of use.



BEFORE YOUR BABY ARRIVES...QUESTIONS TO CONSIDER

The first few weeks postpartum are a period of great adjustment for most new parents, but planning ahead will help you cope. We urge you to consider and discuss each of these questions before your baby comes, and before the situations arise. Couples might answer separately and compare results. If you get stuck, the suggestions following the question section might help.(1)

1. What will we name our baby? Girl_____ Boy_____.

2. Whom will we choose for our baby's doctor?

3. If we have a boy, will we have him circumcised?

4. Have we done everything we can to prepare ourselves and our home for the daily physical care of our baby?

5. What car seat shall we buy - infant, convertible?

6. How will we accomplish housekeeping, shopping, and food preparation tasks in the early weeks? Shall we have someone in to help us?

7. How will we feed our baby? Bottle_____ Breast_____. If we choose breastfeeding, how will father be involved? Is there any way to share nighttime feedings? Feeding and attending to a newborn can take at least 8 hours over a 24 hour period. How will this change our current routine?

8. Who will take care of our baby when we go out for the evening?_____ When mother goes back to work?_____

9. What will we tell our friends who want to visit our new baby:
   When the friend arrives with a cold?
   When one of us is too tired for any more visitors?

10. What will I say when someone offers unsolicited "advice" or is critical of the way I care for my baby?

11. What are the things about my partner that I look forward to seeing him or her share with our child?

12. How would you react? (Your baby is two weeks old.)

    Mother: You are tired, baby cries a lot and never naps; you are feeling very housebound and lonely; frustrated with not getting anything done, fed up with motherhood. Your partner walks in and says "This place is a mess! Where's dinner? What do you do all day, anyhow?"

1 If "we" is not appropriate to your situation, change it to "I",

12. (Cont'd)

Father: You arrive home tired, mate is in tears, house is a mess, no dinner in sight, baby's howling. It's like this every day, you resent it, and would like to turn around and walk out. She says, "You're gone all day and I have to put up with this alone. Why can't you take over when you get home so I can get something done and have some time for myself?"

13. What will you say? Mother has been okayed by her doctor for resuming sexual intercourse. Given the following feelings, which are very common, what will you say to each other when the time comes?

Mother: I don't understand my lack of interest but I couldn't care less; besides, I'm afraid there will be pain. I just don't want to right now, and I resent his insensitivity.

Father: It's been a month, or more and that's a long time for both of us. I'm trying to understand, but she's really avoiding the issue, almost as if she's lost interest. The baby is all she thinks about and I resent it.

Some suggested responses:

1. Name: be sure of the spelling you want as you will be asked to fill out and sign the birth certificate in the hospital.

2. Doctor: you can choose from pediatricians, family practitioners, and some general practitioners. Talk to prospective physicians in advance. Most have hours set aside for this purpose and do not charge for an interview. Go prepared with questions, and be comfortable with the doctor you choose; his or her support is important.

3. Circumcision: talk to your doctor. Find out the procedure, the pros and cons, and the fee. This is a controversial issue now.

4. Care: consider bathing, diapering, sleeping and feeding arrangements, layette and equipment, reference books.

5. Car Seat: consider fit to car, budget, ease of use, durability.

6. Housekeeping: consider cooking and freezing meals before baby comes; let cleaning go. If you have help, be sure your helper knows in advance what you expect him or her to do.

7. Feeding: see feeding section in book. Father could give early evening supplemental bottle (even if mother breastfeeding) and at night could change and bring baby to mother for feeding.

8. Child care: ask friends. Contact high school or college student employment offices. Use facilities of the Children's Resource Center for suggestions. Join a babysitting co-op (PEP has two!). Interview your

prospects before declining, and be sure you like and trust whomever you choose. It is important to schedule time for yourselves.

9. Visitors: make a joint decision on this one. Ideas: set aside an hour a day only; or have no more than one visitor per day; or no visitors at all the first week home. Remember, you will all be tired and your and your baby's health comes first. Avoid crowds until baby is 4 to 6 weeks old.

10. Advice: parenting is learned; inform yourselves by reading and talking with others. Make your own decisions based on your own good instincts and appropriate to your own lifestyle. Stick by your guns.

11. - 13. Communication: talk these issues out ahead of time. Know each other's limitations and strengths. Communicate your feelings, arrive at comfortable compromises, and share both the frustrations and joys.

SUGGESTIONS FOR BASIC LAYETTE

SUPPLIES AND EQUIPMENT

Clothing*

undershirts
nightgowns
blanket sleepers or bags
stretch suits
booties or socks
sweater and cap
pram suit (winter)
sacque sets (summer)

Diapering

cloth diapers (4-6 dozen)
or diaper service (80-100/week)
and/or disposable diapers
diaper pins**
waterproof/plastic pants
diaper pail**

Bedding

receiving blankets
other blankets or quilt
crib sheets; waterproof
sheets and lap pads;
optional: crib bumper,
quilted mattress pads

Bathing

soft washcloths & towels
baby bath tub
nail scissors, brush & comb
mild soap, baby shampoo,
cotton balls, (lotions,
baby oil, ointments,
powders as desired)

Feeding

see section following on
"Feeding Your Infant"

Essential Equipment

car safety seat
bassinet, cradle, or crib

Other nice things to have

changing table, infant seat,
stroller or carriage, rocking
chair, front or back carrier
Some parents find an automatic
swing very useful. Check with
pediatrician regarding type and
age appropriate for use.

* Number of items may depend on weather, access to washer and dryer.

** Used with cloth diapers.

ABOUT BABY CLOTHES

Sizing: There is great variation in the sizing of infant clothes; you almost have to guess correct fit just by looking. Usually the 0-3 months size is used only for a few weeks--best advice is to buy at least 6 months size. As a general rule, larger is better; babies quickly grow into them.

Laundering: Launder new clothing and layette items before using to remove lint, soil, and chemicals, to soften fabric, and because size may change. Use soap or low sudsing detergent (Ivory Snow or Dreft are possible choices); wash separately from adult clothes and rinse twice since many babies are very sensitive to soap/detergent residue in clothes, sheets, etc. Flame retardant sleepwear should be washed in detergent as soap removes retardant chemical. If you are doing your own diapers, rinse soiled ones in toilet first, then soak until washing in your diaper pail in a solution of water and either Borax, mild detergent or mild bleach. Wash separately in hot water and rinse at least twice - be sure all soap residue is out. Line dry (sunshine will get out that ammonia smell better than anything) or dry in clothes dryer.

Garments Should Be:

1. Appropriate to climate/season. Avoid overdressing; if you feel cold, chances are baby is cold too. Baby is at right temperature if skin warm and pink, but not sweating. Hands and feet may stay cool even if baby is comfortable--feel legs, arms or neck.

2. Protective. Shield from sun as well as rain and cold.

3. Non-irritating. All cotton or cotton blends may be preferable to all-synthetic fabrics next to baby's skin. Babies perspire a lot, and cotton is more absorbent.

4. Loose. Allows freedom of movement and makes dressing easier.

CORD CARE

The umbilical cord connects baby to placenta before delivery. After delivery, the cord is cut leaving a stump at the baby's navel which gradually dries up (like a scab), becomes black, and drops off 10 to 14 days after birth. The drier the navel is kept, the faster it will heal. That is why a sponge bath is given for the first few weeks.

The cord/stump is best kept dry and clean by:

1. Dabbing with alcohol (use cotton ball or Q-tip) several times a day.

2. Keeping diaper below the navel.

3. Dabbing with alcohol if navel gets wet from a damp diaper or bath. (DO NOT use alcohol on any other parts of baby's body.)

NOTE: A small amount of blood (a few drops) may ooze for several days after the stump falls off. This occurrence is normal; continue to dab with alcohol. Of course, report any excess bleeding (more than a few drops) to physician.

Sometimes the navel bulges or protrudes, especially when baby struggles or cries; it causes baby no harm or discomfort and will usually disappear with time. Do not apply "belly bands," tape with silver dollar, garlic, or other old-fashioned remedies. After the navel has healed (stump dropped off and oozing stopped), tub bath may be given.

SPONGE BATH

Throughout the bath procedure, try to keep your baby covered as best you can.

1. Wash baby's face with plain water (no soap).
2. Hold baby over tub and wash hair.
3. Dry hair.
4. Remove baby's clothing from waist up.
5. Wash each part of upper torso, rinse, pat dry.
6. Put baby's shirt on.
7. Wash, rinse, and pat dry baby's legs.
8. Remove diaper; wash, rinse, and pat dry diaper area.
9. Wrap baby in receiving or other blanket.

TUB BATH

A. About Bathing Your Baby

1. When to bathe?

   Any time convenient (avoid when baby is very hungry or when she has just eaten).

2. How often?

   Not necessarily every day as long as bottom, neck and mouth areas are kept clean. (Some physicians suggest not more than 3 times a week.) Consider your own strength and energy.

3. Who? How about Dads?

   Giving a bath is a good way for fathers to get to know their children.

4. Where?

   Wherever convenient and comfortable for you and baby.

   a. A warm place free from drafts.

   b. Can be done in a baby tub, kitchen sink (clean well before and after use), bathtub or dishpan. NEVER LEAVE A BABY ALONE ON A RAISED SURFACE OR IN THE WATER!

   c. On a table, counter, or floor.

B. Preparation

1. Assemble all supplies, keeping them within your reach but out of baby's reach.

2. Use only 2-3 inches of water at first until you get the knack of holding baby securely.

3. Test temperature of water with elbow or inside of wrist - if it feels neither hot nor cold (95-100 degrees) it's right.

4. Remove watch/rings/jewelry.

5. Wash hands before handling baby.

6. Unplug telephone. If other interruptions occur during bath, either take baby with you, put in bed, or ignore interruption. DO NOT LEAVE BABY ALONE!

C. Bath Procedure

You may wash face and head before undressing baby. Wash from cleanest to dirtiest part of baby. Start with face and head and work down the body; do diaper area last.

1. Face: use plain water (NO SOAP).

   a. Eyes: wipe gently with moistened washcloth from nose outward, using clean part of cloth for each eye.

   b. Face: wipe gently.

   c. Nose: gently wipe dried mucus at corners; DO NOT clean up inside.

   d. Ears: wash outer ear only; carefully get into all folds, especially behind ear (wax protects and cleans canal). NEVER use a Q-tip to clean inner ear.

   e. Mouth: ordinarily needs no extra care.

2. Head (hair): fontanelles - smaller (posterior) closes around 6 weeks, and larger (anterior) around 12-18 months; are covered with tough, leather-like membrane so the scalp can and should be cleaned thoroughly.

   a. Hold baby over tub to wash hair (football position).

   b. Use baby soap or mild shampoo and massage scalp gently with fingers, washcloth, or soft brush.

   c. CRADLE CAP is a scaly crust which appears on scalp. One way to treat: apply baby oil to area at night and wash thoroughly in morning. Softened crusts can usually be combed off with a very fine-toothed comb. A medicated over-the-counter shampoo is available; check with pediatrician.

3. Body

   a. Use small amount of soap to wash baby.

   b. Always rinse well (soap can be irritating).

   c. Baby can become quite slippery when wet and soapy, so hold firmly. A towel placed in the bottom of tub may be helpful.

   d. Remove baby's clothes, including diaper; clean bottom if soiled.

   e. Slide baby into tub feet first to avoid frightening him.

   f. Neck and chest: tilt head to clean creases.

g. Arms and hands: clean creases under arms, elbows, fingers.

h. Back: lean baby forward supporting head and chest.

i. Legs and feet: clean all creases and between toes.

j. Genitalia: wash in all folds; white cheesy material collects in folds or labia of girl and around end of penis of boy. (If boy not circumcised, you may gently retract foreskin, cleanse and return. Some doctors say never retract; check with your pediatrician for proper care.) Or you may want to wash genitalia outside tub, just prior to placing in tub, and rinse as soon as in tub.

4. Remove baby from tub, dry, and quickly cover to prevent chilling.

a. Pat dry - very thin, delicate skin.

b. Important to dry in all creases, especially neck and between fingers and toes.

NOTE: This is just one way to give a bath; you will develop a style which is comfortable for you and your baby.

D. Dressing

Keep hand on baby at all times if using counter or table.

1. Lotions and powders: fun to apply after bath but NONE are really necessary. Check with your pediatrician. Powders may be helpful if skin chafes easily; some physicians prefer that powders not be used at all. NEVER shake directly onto baby (they may inhale the fine particles); instead, dust onto your hand away from child and pat gently onto baby.

2. Diaper: use the type most convenient for you.

3. Shirts, gowns, playsuits (amount depends on weather).

a. Necks: open wide so baby can see through as it is placed over her head.

b. Sleeves: slip your fingers through end of sleeve and grasp baby's hand, holding all fingers to prevent injury and draw his hand and arm through sleeve.

E. Holding

Never wear jewelry, pocketpens, when handling baby.

1. Support head, back and bottom (heaviest parts); head is so big and neck muscles weak at first.

2. Avoid pulling on baby's hands, arms or legs.

3. Avoid sudden movements (may startle baby).

4. A couple of ways to hold a baby are:

   a. Picking up from a flat position.

   b. Cradled in bent arm.

   c. Football hold.

   d. Over the shoulder.

FEEDING YOUR INFANT

Many babies are being fed from both breast and bottle at some point during their infancy, so both methods are discussed here. Although it is preferable to make the decision about how you are going to feed your baby before her birth, it is not absolutely necessary. You do have a few days to begin breast-feeding after birth. As long as you have some colostrum or milk, you can begin; however, the longer you wait, the more determination it will require to establish a good milk supply. If you have decided to breastfeed, it might be helpful to prepare the nipples by toughening the skin surface; since this procedure has come under question however, check with your doctor first.

Breastfeeding

Long, frequent feedings and correct positioning of the baby at breast are the most important ways to avoid severe engorgement and sore nipples. Hold baby high and close and get nipple well into back of baby's mouth. Become familiar before the baby is born with breastfeeding techniques; sources include the books listed in this section, classes on breastfeeding, and observation of breastfeeding babies. If you have problems with breastfeeding, do call your doctor or a professional lactation consultant.

If your breasts are engorged and uncomfortable, you will find some relief for this temporary situation by:

1) Applying moist, warm cloths before nursing and cold cloths after nursing.

2) Nursing more frequently for awhile; reposition infant with relation to the breast to help drain breasts more evenly (as though rotating hands on a clock face).

3) Standing in the shower and letting milk drip out.

4) Hand expressing.

5) Using a nursing bra with good support; try different sizes and styles. A well-fitting bra can make all the difference. If a bra is too tight or fits poorly it can cause clogged milk ducts (mastitis), which can be very painful.

A few seconds of soreness each time baby latches on may last for as long as the first month. But if your nipples are continually sore:

1) Check with your health care provider; positioning problems are common and easily corrected and are usually the primary cause of excess soreness.

2) Try shortening length of nursing time; nurse more frequently.

3) Make sure baby is getting as much of areola into mouth as possible.

4) Expose nipples to air; leave bra flaps down.

5) Don't use soap on nipples.

6) Express a little breast milk and rub it into your nipples.

7) Use breast creams or pure lanolin (provided not allergic to wool) sparingly after feeding and only on the areola.

8) For leaking milk, try nursing pads (washable and disposable ones available); don't let breasts remain wet with leaking milk. Leaking is often a problem for first time nursing mothers and frequently is not a problem of subsequent nursing experiences.

9) Do not use a breast shield except under supervision; baby can be severely underfed when such devices are used.

10) Try bras with all cotton cups.

11) If pain is persistent, see your doctor.

Other Suggestions:

1) Try to be comfortable and relaxed.

2) Can nurse in sitting or lying positions.

3) Discretion is possible; wear two-piece outfits, lift or unbutton from bottom of blouse; throw a blanket over your shoulder if desired.

4) Alternate sides you begin nursing on, starting with the opposite side each time (a safety pin on bra strap will help you remember which was the last side).

5) A satisfactory method is to nurse the first side 5-15 minutes, then burp and perhaps change baby, then nurse about 20 minutes or back to sleep on the other side.

6) Refer to section on Burping, below.

7) Nursing frequency is usually one and one-half to three hours at first, with a longer non-nursing stretch at night. Newborn breastfed babies should probably be fed at least every 2-3 hours during the day and every 4-6 hours during the night.

8) The process is one of supply and demand; the more you nurse the more milk you will produce.

9) Try to get as much rest as possible, drink plenty of liquids and eat nutritious foods. Most doctors recommend that you continue taking your prenatal vitamins while nursing.

Expressing and storing milk for later use:

1) There may be times when you will wish to pump and store your milk so that baby can be given breast milk from a bottle.

2) You can express milk manually (ask nursery nurse or health care provider to show you how or consult one of the books on breastfeeding in the book list below), with a breast pump, or even in milk ("neetsie") cups provided you do not leave milk you intend to feed baby in cups for more than 15 minutes.

3) Disposable bottle bags are convenient storage containers whether or not you use disposable bottles. Plastic is a better storage container for the freezer. It is a good idea to express milk in small amounts (1 to 2 ounces); it thaws more quickly and you avoid having to discard unused amounts. Be sure to cool any milk you are adding to your frozen supply and never add more at one time than an amount equal to what is already in the container.

4) Maximum storage times for breast milk

a) In the refrigerator: 24 hours.

b) In refrigerator freezer sharing outer door with refrigerator compartment: 2 weeks.

c) In freezer with its own separate outer door (interior at zero degrees): 2 months.

5) Use sanitary conditions when collecting milk. Don't be discouraged if amount is small.

A successful breastfeeding experience is helped by having a confident, relaxed attitude and a desire to succeed. Should you have specific questions or find that your are experiencing some difficulties, hospital nursery nurses and PEP in Santa Barbara have 24-hour telephone numbers. Your doctor and a professional lactation consultant are also resources. When you decide to wean your baby to bottle or cup, it should be done gradually, both for your sake and for your baby's.

The following resource books are available in paperback:

The Womanly Art of Breastfeeding, (La Leche League).

Nursing Your Baby (Karen Pryor).

The Complete Book of Breastfeeding (Marvin S. Eiger and Sally Wendkos Olds).

Preparation for Breastfeeding (Donna and Roger Ewy).

Bottlefeeding

Commercial formulas

1) There are various types available, including cow's milk, soybean, meat base, etc.; your doctor will guide you in selection.

2) Variety in packaging includes concentrate, powdered, and ready-to-feed. Follow package directions carefully as to dilution and life of product after opening.

3) You may prefer to dilute concentrates and powders with bottled water. Bottled water is not necessary; the only thing wrong with local water is the taste and that doesn't matter to baby.

Preparation of bottles

1) Can make up bottles singly or one day's supply at a time.

2) Formulas must be prepared under super clean conditions; since you cannot really sterilize bottles at home, few doctors recommend sterilization. Be sure that bottles are well washed between uses, and that you wash off the top of the formula can before opening if using concentrate or ready to feed. If you do not have a dishwasher, bottles using disposable fillers might be worth the additional expense.

3) If milk scum accumulates on nipples, rub with salt and rinse well to remove. Check nipples frequently for signs of wear and replace as necessary.

4) Keep opened formula refrigerated and use within 24 hours.

Equipment

1) 8 bottles and nipples.

2) Bottle and nipple brush.

3) Plastic bottle liners, if using disposables.

Feeding techniques

1) NEVER PROP A BOTTLE!

2) ALWAYS HOLD YOUR BABY when you feed him, close to you and as nearly upright as is comfortable. Remember skin-to-skin contact is very important.

3) Alternate sides when bottle feeding; cradle baby against your left side, then against right, and so on.

4) Feeding schedules should have some flexibility.

5) Formula can be fed cold, at room temperature, or warm. To warm, place bottle in container of hot tap water; it is too hard to control heating when bottle is placed in pan on stove. Microwave heating is generally not recommended because microwaves heat unevenly and liquid can possibly cause serious burns to baby.

6) Squeeze plastic liner after filling disposable bottles until milk squirts through nipple hole to ensure that all of the air is out of the bottle.

7) Formula should drip steadily from bottle when inverted.

8) Nipple rings control the speed of milk flow; the looser the ring, the faster the flow. If ring is too tight, it creates a vacuum and milk doesn't flow out.

9) Always keep nipple full of formula; allowing baby to suck air may cause gassy tummy.

10) Always keep an extra can of ready-to-feed formula in your car for emergencies (can opener, too).

11) Refer to section on Burping, below.

If you have any questions regarding bottle feeding, PEP and/or your doctor are good resources. In addition, most books on general baby care have sections devoted to bottle feeding.

Burping

Regardless of the feeding method, infants almost always need burping.

1) Most babies feed best when burped about midway through a feeding, and then again at the end.

2) Burping positions include over the shoulder, sitting in the parent's lap or lying on stomach (usually across parent's knee.) Pat or rub back gently; if you can't extract a burp in 5 minutes, stop trying. Gentle pressure on the abdomen can be effective.

3) If your baby doesn't burp, and you want to put her to bed right after feeding, it is best to lay her on her side or stomach to reduce possibility of choking.

4) Large air bubbles in baby's stomach are not only uncomfortable but can make him feel full before he has had a full feeding.

5) Most babies spit up. The stomach contents spill gently out of baby's mouth, usually in small amounts. Most babies do some spitting up during the early months (some several times after each feeding, while others only occasionally). Some spitting up is normal; however, if baby is having projectile vomiting (vomiting with great force), call your doctor.

DIAPERING

There is really no wrong way to put on a diaper; whatever works and looks reasonably secure is okay. You may choose from many different kinds of diapers. We will discuss various types so you can make your own decision as to what type is best for you and your baby. Because BMs are a source of some amazement to new parents we will briefly talk about them first.

1. Bowel Movements

   a. First BM is blackish tar-like substance called MECONIUM (you may never see this if your baby is in the hospital nursery).

   b. First few days (until feeding is established): stools are greenish black and sticky.

   c. Breast-fed stool: usually soft, loose or mushy; light yellow to yellow orange; occasionally green, curdy. Baby may push/grunt/strain.

   d. Formula-fed stool: usually pasty or lumpy; pale yellow to tan.

   e. Number varies: some babies may have movements after each feeding, some only one in several days. Breast-fed babies tend to go more frequently at first. Then, around 2 months, possibly none at all for several days at a time.

   f. Diarrhea: double the usual frequency and watery, soaking the diaper much beyond the stool itself. Check with your doctor if this happens.

2. Diapering

   a. Types

      1. Cloth

         - prefold (diaper service uses this)
         - rectangle gauze (dries easily, can adjust size from infant to toddler)
         - stretchable gauze (fits snugly)
         - square birdseye (least expensive)

      2. Disposable: various types; some contoured, some with elastic legs; wide price range.

3. Cost: refer to Diaper Cost Comparison Sheet (see page 127); disposables are more expensive.

b. Number

1. Plan on 10-15 changes/day.

2. Your own cloth: 4-6 dozen.

3. Diaper service/disposables: 90-100/week.

4. If using only disposables, it is still nice to have some cloth on hand (use as burp cloths, etc.).

5. If using cloth, it may be convenient to use disposables while out of the house.

c. Diaper liners: help in disposing of bowel movements. Used primarily with cloth diapers.

d. Plastic pants

1. Help keep clothing and bedding dry.

2. They will last longer if NOT dried in dryer.

3. Do not use when baby has a diaper rash.

4. Choice of plastic, nylon, side snaps, or pull-ons.

5. Soaker type - very expensive, good for babies with very sensitive skin.

e. Preparations

1. Wipes: various kinds, used to clean diaper area. (Note: plain water and washcloth works just as well.)

2. Creams, vaseline, powders and oils: can be used after the diaper area is cleaned to help protect skin. (Note: some pediatricians do not recommend the daily use of some of these preparations. Check with doctor.)

f. Procedure

1. When to change: when wet and awake (do not awaken to change); usually before and/or after feedings for newborns.

2. Cleaning bottom: clean thoroughly, especially after each BM; wipe girls and boys from front to back.

3. Creams: apply for protection if desired (use sparingly).

4. Diaper pins: use only those specially made with a safety head for diapers; for safety reasons always keep closed or stuck in a cake of soap (which also lubricates) when not in use; place crosswise to fasten diaper with point away from genitals.

5. Disposable diaper tapes: they don't hold securely if creams and powders get on them. Don't throw diaper out if this happens; use masking tape, which works just as well.

6. Diaper rashes--treatment

   * Try cloth diapers.

   * Frequent diaper changes (as soon as baby is wet).

   * Clean diaper area thoroughly with each change and use mild soap and water or wipes; dry well.

   * Check laundering (if using cloth diapers), rinsing (soap residue can be irritating). Try rinsing diapers again/second time.

   * You can use over-the-counter creams to treat mild rash. Check with pediatrician before doing so.

   * Expose bottom to air without diaper.

   * If wet blisters appear or if having problems clearing the rash, consult your doctor.

   * Forego the use of rubber pants until the rash starts to clear; cut off gathers from disposables to allow air circulation.

EQUIPMENT

We have found that most people have acquired most of their nursery equipment by the time their babies have arrived. If you are still shopping though, the following might help with suggestions. Rather than going over all the possible items you might want to buy, we would like to mention features to look for in certain kinds of equipment, and points of safety to consider. Recently manufactured items tend to be safer than older ones, so if any of your equipment is secondhand, be sure to check it over thoroughly before using it. It is not necessary to spend a lot of money; you can get by with surprisingly little. Garage sales and rummage sales are good sources, but be sure your equipment is SAFE. If you have an older piece of equipment, you can contact the manufacturer for parts and information.

1. Diaper Bag

   a. A most important item since it will be used for years.

   b. Items that should be included in the bag:

      1. Diapers (cloth or disposables); plastic pants if used
      2. Wipes or damp washcloth in plastic baggie
      3. Ointment, powder - if used
      4. Lap pad for changing baby or changing pad
      5. Plastic bags - for soiled diapers
      6. Change of clothes (or two)
      7. Burp cloth(s) or cloth diapers
      8. Blanket or quilt to provide clean spot for baby to lie
      9. Rattle or toy(s); pacifier or two - if used
      10. Bottle with formula - if used.

2. Place to Sleep

   a. Newborns like a cozy spot such as a bassinet, a carriage, or even a box with foam cut to size. They could also lie sideways at the end of a crib.

   b. Sheepskins are expensive, but are good for tactile stimulation. Some babies sleep better on them. Suggest you might try using if baby is fussy.

   c. "Crib-cuddle": expensive, but helps some babies sleep better. Can be used for about 4 or 5 months or until baby might roll off. Used on crib like a hammock, almost touching crib mattress.

   d. Crib slats should be close enough together so head cannot slip through. (Federal standards: 2 3/8" apart.)

e. Avoid using pillows either as a mattress or as pillow for head - too soft.

f. Avoid plastic bags as mattress covers; there are plastic covers with zippers made especially for this purpose.

g. Don't place crib near windows within reach of curtain cords. Don't hang heavy objects (pictures, etc.) on wall within reach of crib. The best place for a crib is away from walls so baby cannot reach for things.

h. Nightgown strings can be a potential danger; you might want to remove them.

i. Be sure your crib bumper is securely fastened if you use one. Babies like to push their heads up against them, so bumpers should not be too soft. Patch tears because the foam inside will shred. Use blankets that do not fuzz (baby could inhale fuzz).

3. Infant Seats

a. Useful for changing baby's position and view.

b. NEVER use an infant seat as a car seat (although some car seats can be used as infant seats).

c. Look for kind that has a base wider than the seat. Others tend to be flimsy and very unstable.

d. NEVER leave baby unattended in infant seat.

e. NEVER use on a raised surface (even newborns have been known to flip out); floor is the best place.

f. Newer types of seats have a soft, hammock like back. Not as confining, allows baby more freedom of movement.

4. Baby Packs

a. Some babies love them and some babies do not.

b. Borrow one and try it first, especially if you are considering one of the more expensive kinds.

c. Be sure to get one that will support the baby's head. Look for one you can get baby into and out of by yourself.

d. If you are a bicycle rider, consider whether you feel it would be safe riding with a baby in a pack.

5. Changing Tables

   a. Most accidents in the first year occur on or falling off changing tables or beds during changing. By three months of age baby is safer on a blanket on the floor or in the crib with side rails raised during diaper changing and/or dressing.

   b. Be sure top surface is large enough to hold baby comfortably. It is best to have one with strap or surrounding rail; always keep one hand on baby while on table. Keep all supplies within easy reach.

   c. A special changing table is not really necessary. You can pad the top of a dresser or large bathroom counter. The floor is the best place but can sometimes be hard on adult backs!

BEHAVIOR OF THE NEWBORN

Newborns' actions can appear very disorganized, and it takes a month or so before they begin to "get their act together." However, they come equipped with a number of "skills" which you should know about, and which you might use as opportunities to communicate and interact with your new baby.

1. Sensory Abilities

   a. Vision: Newborns can see at birth, although for the first four weeks they can't adjust their eyes to changing distances. They focus at about 5-8 inches. They can discern shapes and by three weeks they will have an automatic preference for the human face. (Basis for future learning and for the growth of love and attachment.) Babies discern contrast between black and white first; color perception (with red first) comes later. Provide things for your baby to look at: YOUR FACE, colorful crib bumpers, mobiles, a bright quilt to lie on, pictures or mirrors on the wall near the crib or changing table. Give baby a change of scenery often by moving her around with you. Tell her about the things she's seeing.

   b. Hearing: Babies hear, even in utero. They have a natural preference for some sounds over others: music (try Beethoven or Brahms), humming (like motors), and especially voices. Talk to your baby. If you find this hard, read a book or magazine out loud, or just describe everything you do. Make use of a music box, sing, hold and cuddle him so he hears your heartbeat.

   c. Touch: Babies need to be touched and things to touch. They can sense your feelings by the way you handle them.

      * Carry your baby in front pack as you work around the house or garden.

      * Make a textured quilt for your baby to lie on (different squares of variously textured materials).

      * Wear clothes of different textures and patterns. You may notice different responses to different designs.

      * Crawl into bed naked with your naked (or diapered) baby. (Your choice.)

      * Try a gentle massage with oil or lotion (relaxes both of you). After bath is a good time for this.

      * Do some "baby exercises":

—With baby in your lap or on floor, lift baby's legs up gently till toes touch her head.

—With baby facing you on your lap, hold her arms and rock her back and forth, maybe to music or singing.

—While baby sits facing you in an infant seat, hold her arms and raise them above her head, and down again. You can tell her what you are doing!

The important thing is to walk, rock, hold, cuddle, hug, kiss, stroke and caress your baby as much as you want to. The love you show helps your child know the world is an okay place to live, and the bonus, in the way of the first smile, comes in 4-6 weeks.

2. Crying

a. Crying is communication, language. Babies differ in the amount of crying they do (some for hours at a time), the quality of their crying (from whining to demanding), and the intensity of their crying (whimpering to hysterical screaming).

b. Why do babies cry?

* Hunger (but a fussy baby is not always a hungry baby).

* Feeling wet, but most babies don't mind being wet. (Wet diapers are not cold until air hits them; disposable diapers or plastic pants prevent "air-cooling.")

* Indigestion. Try burping.

* Pin sticking (unlikely).

* Temperature. To test this possiblity, reach your hand in to feel the baby's chest or back; or take axillary (armpit) temperature; normal is about 99 degrees.

* Fatigue. One of the most common causes for crying.

* Household tension.

* Response to change. Other parent returns home from work; different surroundings.

* (And this is the kicker): UNKNOWN CAUSES!

c. Soothing techniques: You will probably develop a routine of your own, perhaps based on "what worked" the day before, but here are some suggestions.

* Consider if he is hungry.

* Try burping.

* Check for that pin; or that wet diaper; or if she is too hot or cold.

d. If everything checks out physically, you can try:

* Swaddling. Most babies like it. Some work themselves up more and more and they need you and a tight wrap and hug to break the cycle.

* Hold her so she can hear your heartbeat - a front pack is good for this.

* Pacifier (or your finger) to suck.

* Warm bath (if he likes baths).

* Gentle noise - infant seat on floor near dryer, vacuum cleaner, music.

* Gentle motion. Anything goes here: rocking, walking around, stroller or car ride (a traditionally successful soother), swing (some babies and parents love them, some don't. Maybe you could borrow one before buying).

* Change of scene. Going for an outdoor walk can help you relax, so, directly or indirectly, it will help your baby.

This brings us to: How much crying is enough? The answer: As much or as little as you can tolerate. Know your own baby and know your own limits. Pick up baby when you want to. Newborns are not testing you with their crying. (Some people may tell you otherwise.) That will come later, and most parents sense it when it happens. You should feel free to hold and comfort your infant as much as you want to.

But, when you have tried everything and called everybody for their suggestions and your precious angel is still screaming, and you're ready to start screaming...remember that he will survive if you put him down in his crib and close the door and go to another corner of the house, a quiet one, for a few moments to relax (Lamaze or other relaxation breathing has been helpful!) and regain your composure. As we've suggested, your tension can be contagious, so you really are helping both yourself and your baby by having this little rest. This probably will produce guilt (I'm not the perfect parent?) but fight that guilt! Perhaps you may even want to arrange a stretch of time away from the baby. It helps you regain perspective.

3. Sleep

Newborns are light sleepers. Only 20-30% of their sleep is deep, and only for very short periods. As they grow older, these proportions will reverse. As you probably already have been warned, newborns tend to sleep in short stretches, 4-5 hours maximum, but they will probably get 12-15 hours per day (whether it seems like it or not!).

a. Sleep schedules will probably be very unpredictable for at least the first month. They will change constantly to keep pace with growth spurts and rest periods.

b. Most babies can get accustomed to either a silent home or an average noisy one, so there's usually no need to whisper or tiptoe around. BUT there are individual differences here, of course, as you might have guessed.

c. Your baby can sleep in a room by herself, as long as you can hear her when she cries.

d. Most babies prefer sleeping on their tummies, which is safest. On their backs, there is the possibility of choking on what they spit up. For a change, or if the baby seems gassy, he can sleep on his side with the aid of a rolled up receiving blanket behind him.

e. Most babies go through a ritual of fretting and whimpering before they fall asleep. Give your baby time to work through this and fall asleep on her own before you decide to "help".

f. However, some babies have difficulty getting to sleep and they set up a cycle of crying and thrashing about which they can't break on their own. Besides the soothing techniques we've already talked about - rocking, riding, singing, swaddling, sucking - you might try:

* Darkening the room;

* Warming the sheets in dryer or with hot water bottle (prior to putting baby in, of course).

As you can see, your baby's behavior can be a source of joy and anger, of frustration and satisfaction - but it will not be boring. For every time you've got things all figured out, your baby will have a new surprise for you.

4. Movement

Movement is primarily reflexive and random. Try these with your baby:

a. Stroke cheek or mouth and baby's head turns toward that cheek, mouth opens, tongue moves toward stroking object. This <u>rooting reflex</u> is helpful to know about when nursing - if

you grab both of baby's cheeks to turn his head to the nipple, he will be confused; just stroke the cheek with the nipple.

b. Sucking, which is part of the rooting reflex, is very strong, especially for the first four months. The need to suck varies. Some babies are satisfied with nursing alone, while others need much more and will suck their fists, thumbs or fingers. If your baby is one of these "super suckers" you may want to try a pacifier. There are many shapes; if one is rejected by your baby, try another. Look for safety when buying them. It must be small enough not to cover nostrils, but big enough not to be swallowed; also make sure it is put together well if it's made from two pieces of rubber or plastic.

c. Make a sudden noise and you'll see your baby's arms and legs fling outward, head thrown back. This is the Moro Reflex, which some women have already felt in utero (after a slap on the tummy). Babies differ greatly in their response to this stimulus, too.

d. Hold baby erect over your head, and she will make walking movements. This reflex disappears quite early, to be replaced in a year or so by voluntary walking.

e. When baby is placed face down, he will move his head from side to side and try to lift it. Some babies have good neck strength (surprisingly early) while others take longer to develop.

f. Stroke palm or sole at base of fingers and toes; baby grasps.

g. The tonic neck reflex is interesting, and thought to be the beginning of "sidedness" in the baby; place baby on his back, turn head to one side, and the arm on that side will extend, knee on that side will flex, and opposite arm will crook. Turn head the other way and the whole action is reversed.

h. Support head and trunk on surface of water; arms and legs "swim".

Other normal movements you will see are hiccuping (frequent in some babies), chin quivering, and arm and leg trembling. The hiccups probably will not bother baby at all, but you can try nursing or warm water from a bottle, or spoon, if it bothers you. The quivering may alarm you the first time you see it, but the baby probably is not cold or terribly upset - IT'S NORMAL!

NEWBORNS' self-preservation instinct is amazingly strong; they gag, blink, shiver, sneeze, cough, yawn, and try to bat things away if placed over nose and mouth. BUT they cannot protect themselves from falls for months yet, so do not leave them unattended.

5. Appearance

a. Weight: may vary from 5 to 11 pounds and still be normal (slight loss immediately after delivery is okay).

b. Head: size is large in proportion to rest of the body; may be misshappen due to birth process (corrects itself).

* Hair: may gradually fall out and be replaced by new hair that may differ in color and texture.

* Eyes: color usually slate-gray or blue, not necessarily permanent color (may change anywhere between 3 months and 1 year).

--Eyelids may be swollen.

--May be cross-eyed (eye control comes later, 3-6 months).

--May not have tears (appear around 2 months); excessive tearing should be brought to physician's attention.

* Mouth: may develop "sucking" blister on upper lip from vigorous sucking (will clear of own accord). If white patches resembling cottage cheese appear in mouth and do not wipe off easily, contact physician.

* Breathing: slow, irregular and at times so shallow can hardly be seen or heard. May snore faintly in sleep.

c. Skin: loose and wrinkled (absence of much fat).

* May have fine downy hair on face and body, especially back and shoulders (disappears in 1-2 weeks).

* Hands and feet may stay bluish or red for several days.

* Skin may be dry and peeling especially hands and feet.

* Dark red or purple spots may appear on eyelids and neck.

* Small white pimple-like specks may appear on face; especially across nose. DO NOT SQUEEZE (blocked sweat glands; disappear without treatment).

* May have acne-like pimples on face, especially around 5 weeks (due to hormones from mother before birth; will clear without treatment, "baby zits").

* Jaundice: yellow discoloration of skin, eyes, and membranes of mouth (caused by inability of newborn's liver to handle the breakdown of extra red blood cells

baby has before birth but no longer needs). Report to physician. (Should clear by second week.)

* May have deep blue patch on lower back or buttocks; looks like a bruise but is not (due to excessive pigmentation in that patch of skin); may fade in time (usually by two years).

* Fingernails: long, paper thin; grow rapidly (if not all nails present, will appear soon). Cutting prevents baby from scratching self; cut while asleep or feeding. Methods: baby scissors, fingernail clippers; use great care, easy to cut tips of baby's fingers. Emory boards also work, without the risk of cutting fingers.

d. Genitals: appear enlarged in both boy and girl babies (from mother's hormones). Girls may have whitish or blood-tinged vaginal discharge; a normal occurrence.

e. Breasts: may be enlarged in both boy and girl babies; may even secrete fluid (DO NOT RUB, MASSAGE, OR SQUEEZE).

ATER YOUR BABY ARRIVES...COPING WITH POSTPARTUM CHANGES

It is not uncommon to find that the reality of a new baby differs from the expectation. There is almost always a period of adjustment, and during this time the emotions of both mother and father can run high. These are some of the most common feelings (and their possible causes) experienced by new parents.

Mother	Feelings	Father
our beautiful child; sense of accomplishment; new challenges	JOY EXCITEMENT SATISFACTION	our beautiful child; sense of accomplishment; new challenges
delivery; excitement; lack of sleep, new demands; changed lifestyle	FATIGUE	excitement, new demands; lack of sleep; changed lifestyle
delivery; fatigue; episiotomy; hemorrhoids; sore nipples; engorgement; vaginal discharge, caesarean incision	PHYSICAL	fatigue
new feeling toward mate; maternal feelings; relief	LOVING THANKFUL	new feelings towards mate; paternal feelings; relief
no time for self; mate not helping; baby too demanding; mate's attention focused on baby	RESENTMENT IRRITATION JEALOUSY	interrupted routine; mate too demanding; mate's attention focused on on baby
lack of interest; baby in the way; mate seems insensitive; birth discomforts	SEXUAL FRUSTRATION	mate not interested; baby in the way; mate not sexy
hormonal changes; mate not supportive; can't cope*	DEPRESSED* WEEPY	too many new demands; inability to deal with mate; can't cope
no help; no social life; no support from family/ friends; motherhood too confining	TRAPPED LONELY	sense of duty to help; no social life, no support from family/ friends

* Postpartum depression most commonly begins the third postpartum day.

inexperience with baby; unprepared for new role; too much "advice"; increased financial burden; don't like baby	INADEQUATE INSECURE GUILTY	afraid to handle new baby; unprepared for new role; too much "advice"; increased financial burden; don't like baby
too many new demands; 24-hour, 7-day responsibilities; lack of confidence; fearful for baby's survival; unwilling to share baby care with mate	OVERWHELMED PANICKY	life too complicated; increased responsibilities; lack of confidence; fearful for baby's survival; unsure how to help with baby

Suggestions for dealing with postpartum parenthood:

1. Build up confidence in ability to care for baby by reading and discussing questions with doctors, hospital staff, friends and family.
2. Get sufficient sleep, rest, good food, recreation, tranquility.
3. Eliminate or minimize visitors, both family and friends.
4. Show encouragement, patience, and understanding toward one another in the family unit.
5. Share baby care from the very beginning with joint responsibility, not just division of tasks.
6. Divide time to provide a balance between each person in the family unit.
7. Avoid isolation but respect privacy.
8. Provide mother with time to pursue own interests outside parental responsibilities.
9. Discuss feelings; keep communication open.

POSTPARTUM ADJUSTMENT

Now that we have given you an outline of information to prepare you for your baby's physical and emotional needs in the first few weeks following birth, let us take some time to talk about your feelings and your needs.

Once the accomplishment of birth is over and as the congratulations and attention die down, you begin to enter a very vulnerable time in your life, a time we call postpartum adjustment. Whether you begin caring for your baby alone, or with your partner, relatives, or paid help, the postpartum adjustment period is a time of strong feelings and deep emotions. Each parent's reaction to parenthood is unique; some seem to breeze right through this period with few difficulties, while others have none. There are a variety of support systems and treatments available to help you through.

Physical Adjustment

In the postpartum period the new mother's body experiences a very dramatic change in hormone levels, which begins at the onset of labor. During pregnancy hormone levels are exaggerated to assist in creating an environment for the growing fetus. Within just twenty-four hours after birth the progesterone and estrogen levels drop to a point lower than before conception. The physical strain from this sudden drop in hormone levels is accompanied by the changes your body undergoes to prepare for milk production. These two factors alone would be reason enough for exhaustion without adding a third physical stress of broken sleep cycles. Sleep deprivation is a form of torture. After experiencing a few nights of being awakened every 1-1/2, 2 or 3 hours to feed your baby, you will understand why.

During this time of low energy and physical exhaustion it is very important to eat a well-balanced diet. Although you may be considering dieting for weight loss when you find that you cannot immediately fit into your pre-pregnancy clothes, there will be time for dieting later. An effective substitute for dieting can be a daily exercise routine, one that can include your baby. Walking your baby in a stroller or front pack can be very healthy for you and your baby, and can help replenish your energy. Rarely do the media show us a realistic portrait of a postpartum mother. We see the new mother looking peaceful and physically "together", when in reality you may be exhausted from coping with the baby's emotional and physical demands and probably not looking your best for awhile. You can do the most for yourself, and consequently for your baby, by eating well and exercising whenever possible, rather than worrying about your appearance.

Emotional Adjustment

With all these physical changes going on it is no surprise that there can also be dramatic psychological changes. Every new mother is affected differently, depending on outside circumstances, and her own feelings.

Most of us experience a sense of disorientation in the first few weeks postpartum, which is only natural in that our whole world has completely changed. We are now totally responsible for this tiny new life, twenty-four hours a day, seven days a week. Not even a strenuous job outside the home comes close to the total demands that a newborn can create.

With all this new stress during the postpartum adjustment period some of the feelings you may experience might be:

a. frequent crying
b. moderate to high anxiety or panic attacks
c. feelings of being unable to cope
d. insomnia

In the past most women were made to feel as if there were something wrong with them for experiencing any negative feelings in their new role as a mother, and this often resulted in denial or suppression of these feelings. The myth is still very strong that new mothers are instantly happy and fulfilled. If you find yourself experiencing feelings that are less than joyful, it is important to find someone that you trust and can talk honestly and openly with. The PEP warmline can help with emotional support. This is not the time to expect too much of yourself or to put too much emphasis on being "perfect" or "under control". Rather, be easy on yourself and allow all of your emotions to surface. Keeping your life as simple and low key as possible in these first few months is an effective way to remove necessary pressure. A truly honest new mother will tell you that she has had a successful day if she has taken care of her baby and done the dishes! This is especially true if you have had a difficult birth experience or have a "special circumstance" baby that requires more time and energy.

One of the best ways to cope with this postpartum period is to establish some kind of support system. Even if you only know one other person with a baby, you might try to set up a regular meeting time to share your feelings with that other new mother. You will be surprised how much you have to talk about. If you do not have any friends with babies, try to find a mother/baby support group sponsored through the community. In Santa Barbara, PEP offers ongoing discussion groups for all new parents, as do some other parent support organizations. Although you may feel slightly uncomfortable meeting with strangers, give it a fair try. One of the nicest things you will find about being a mother is that you suddenly have something in common with people you would otherwise not have met.

Finding private time is one of the biggest difficulties new parents face. You might try, even before your baby is born, to find someone you can trust to watch your baby on occasion. Eventually you can work toward a regular routine of getting some time to yourself. It can be for one or two hours a week, if that is all you are able to work out. If money is a problem, consider trading with someone who also has a child and could use some time alone. If an outside source is not available, we suggest asking your partner to trade time off with you on the weekend so that you can take a walk, ride a bike or go to the library on your own, for example. Although it can be hard to leave your baby with someone else, don't forget that there a lot of capable, loving friends and

family that do not have the opportunity to care for a baby very often and would love to give your child their personal attention.

Postpartum Depression

There is another degree of postpartum adjustment that is referred to as postpartum depression and is much more serious than the emotional changes we have been talking about to this point. Postpartum depression may start directly after birth, or not until your baby is a few months old, depending on your own individual circumstances.

Some of the feelings you may experience are:

a. severe insomnia
b. uncontrollable crying
c. aversion to touching your baby
d. feelings of personal worthlessness or despair
e. fear of harming your baby or yourself
f. loss of interest in sex

If you are experiencing this condition, part of what can be so frightening and confusing is that it is often difficult to find someone who understands your feelings and can offer treatment. There is still not enough research being done on this subject, but we see more awareness of the subject among health care professionals as people begin to talk about it more openly.

If you find yourself experiencing any of these feelings, or just have a feeling of being generally "out of control", it is very important that you find help. There are a number of trained professionals in the Santa Barbara community who can help you find a variety of different treatments depending on your individual needs. The Birth Resource Center keeps a file of local health care professionals who treat postpartum depression, along with their philosophies and methods of treatment. For the most recent books and articles on Postpartum Adjustment and Depression, please refer to the bibliography in The New Mother Syndrome, by Carol Dix (Doubleday and Co., Inc., Garden City, NY, 1985). If your local bookstore does not carry this book, you might ask them to order it for you. You can also find in it a list of parent support groups throughout the country. You are not alone in what you are feeling; please continue to seek help if your first efforts at finding someone to treat you are not successful.

Something for Fathers

In the previous section we have spoken to you both as parents, but have mainly directed our information and advice to women as mothers. But it is also important for you, as a father, to be prepared for the major change the baby will have on you as you adjust to your new role.

Unfortunately, fathers sometimes feel as if they get "lost in the shuffle" during those first few months after the birth. The focus is on the baby and

the mother. It has taken a long time in our society for fathers to find their "rightful place" in the birth of their children. More and more now, the father is becoming involved prenatally. While you probably attended childbirth classes and were a supportive coach during delivery, your role after the baby is born is less well-defined. You may find that you feel a little unprepared for the feelings you will experience afterward. What is the new role all about? The simple answer is: whatever you want it to be. The more involvement you have with your child from the very beginning, the more you will see your confidence as a father grow. Whether you share in the day-to-day child care or are available in the "off work" hours and on weekends, remember there is a lot you can do to get to know your baby. If it is not possible for you to share the feeding time at night, you might suggest that you give the baby either a bottle or a bath in the evening. This is not only a great help to the mother, but it also gives you the opportunity to be alone with your baby and to develop a relationship with the person that is your child. Your baby already is aware of your voice (remember, they can hear in the womb), and a very special bond is established when you actively participate in some aspect of the care of your newborn.

This postpartum time can also leave you physically exhausted. Although your body has not undergone the hormonal changes and other stresses of giving birth, the shift in the household schedule, interrupted sleep, and concern for your partner's emotional vulnerability and physical needs, all can wear you out. A lot of fathers say they suddenly feel the "weight" of financially caring for a family and put unrealistic pressure on themselves to be more successful. The role of the "breadwinner" can be a tremendous strain if you turn this responsibility into a burden. We make the same suggestions for fathers as for mothers: eat well, exercise, and try to stay in tune with your feelings. Try not to have unrealistic expectations of yourself and don't be too hard on yourself if you feel less competent than you'd like to.

This is an ideal time to seek out your own support group. Maybe you have a friend who has small children. Are there some other fathers from your childbirth class that you might want to get to know better? Perhaps you could meet for lunch, take your babies for a walk, or meet at someone's home. Talking with other new fathers can be a wonderful way to cope with some of the feelings of this postpartum adjustment period. All it takes is one man to come forward with an honest fear or problem, of any kind, and everyone is ready to share similar feelings or experiences. Knowing that you are not alone in what you are experiencing can be a great relief, and having someone to talk with can really help ease you over the rough spots.

In closing, we would like to remind you that a strong father is one who is loving and sensitive to his child. For all the time and energy you invest, for all the discomforts you experience in the first few months of adjusting to parenthood, the rewards are wonderful and are felt in those moments when you look into the face of your baby and get one of those smiles that says "Hi Dad, I love you!"

APPENDIX

"BABY BASICS"
(An Infant Care Program)
Saturday, 8:45 - Noon
Cottage Hospital

Emphasizing the first few weeks postpartum, "Baby Basics" provides information for new and expectant parents on the daily care of newborns, infant behavior, feeding, safety, supplies & equipment. There are bathing and diapering demonstrations, and time for discussion of new-parent concerns. Refreshments served. Charge of $5 per person or $7 per couple.

Registration is required by calling the PEP Warmline at 964-2009 anytime. DO NOT CALL COTTAGE HOSPITAL. Enrollment is limited.

Offered by PEP (Postpartum Education for Parents) and led by PEP volunteers.

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NOTE: Above printed on card-stock.

POSTPARTUM EDUCATION FOR PARENTS
PO Box 6154 Santa Barbara, CA 93160 • (805) 964-2009

Baby Basics

...especially for new and expectant parents.
Join us for a morning of:

WHAT?	- demonstrations: of bathing, feeding, diapering techniques, including a tub bath of a real baby about 6 weeks old). - information: suggestions for the daily care of newborns. - ideas: about baby supplies, layettes, and equipment. - discussion: let's talk about your new role as a parent.
WHEN?	One Saturday each month from 8:45 a.m. to 12:00 noon. Refreshments served.
WHERE?	Cottage Hospital, Conference Rooms C and D.
WHO?	BABY BASICS is sponsored by Postpartum Education for Parents (PEP), a volunteer parent support organization and will be led by PEP volunteers, parents who have tips on basic baby care to share with you.
ENDORSEMENTS:	Childbirth Educators of Santa Barbara; Cottage Hospital, Departments of OB/GYN and Pediatrics; Goleta Valley Community Hospital, Obstetric/Pediatric Staff; Santa Barbara County Departments of Mental Health and Public Health; Santa Barbara Pediatric Society; Santa Barbara County Pre-School PTA.

To register or for more information, call the PEP Warmline 964-2009 and ask for the volunteer on call. (Please do not call Cottage Hospital.)

Enrollment limited.

$5 per person or $7 per couple.*

*Cost includes copy of our book entitled "Baby Basics: A Guide to Your First Weeks as Parents".

********** FOR IMMEDIATE RELEASE **********

"Baby Basics", an infant care program offered by Postpartum Education for Parents (PEP), will be presented from 8:45 until noon, Saturday, (fill in date), in Conference Rooms C and D at Cottage Hospital.

Especially for new and expectant parents, the session will include information on the daily care of newborns, baby equipment and supplies, feeding, diapering and infant behavior. Bathing will be demonstrated on a real baby. Discussion of new-parent concerns will be encouraged.

PEP volunteers will conduct the program, which will have limited enrollment. $5 per person, or $7 per couple will be charged to cover expenses. Pre-registration is required.

To register, or for additional information, please call the PEP Warmline, 964-2009, anytime.

BABY BASICS

Telephone Registration

[One week before the Baby Basics class, call the parents who have registered in advance to remind them of this month's meeting.]

Pre-registration by telephone:

- get all information called for on the registration form (fill in on form so it can be checked off when registrant appears at Baby Basics - saves time)

- give registrants directions and parking information: Cottage Hospital, Conference Rooms C & D, lower level near Burtness Auditorium & Cafeteria. Enter from Castillo or Junipero Streets (Junipero is closer - go down the outside stairs to the right of the Out-Patient Surgical Center - watch for signs). Can park safely on Bath, Castillo or Fletcher above Junipero - cars may be ticketed on Junipero.

- tell them the program starts at 8:45 a.m. and lasts until noon (we make an effort to get them out on time). We serve refreshments - coffee, tea, juices and something to eat.

- tell them how much it costs - $5/single or $7/couple

- invite them to bring pillows if they want to sit on the floor. The room is carpeted and the chairs are not too bad, but if they are more comfortable on the floor, encourage the pillows.

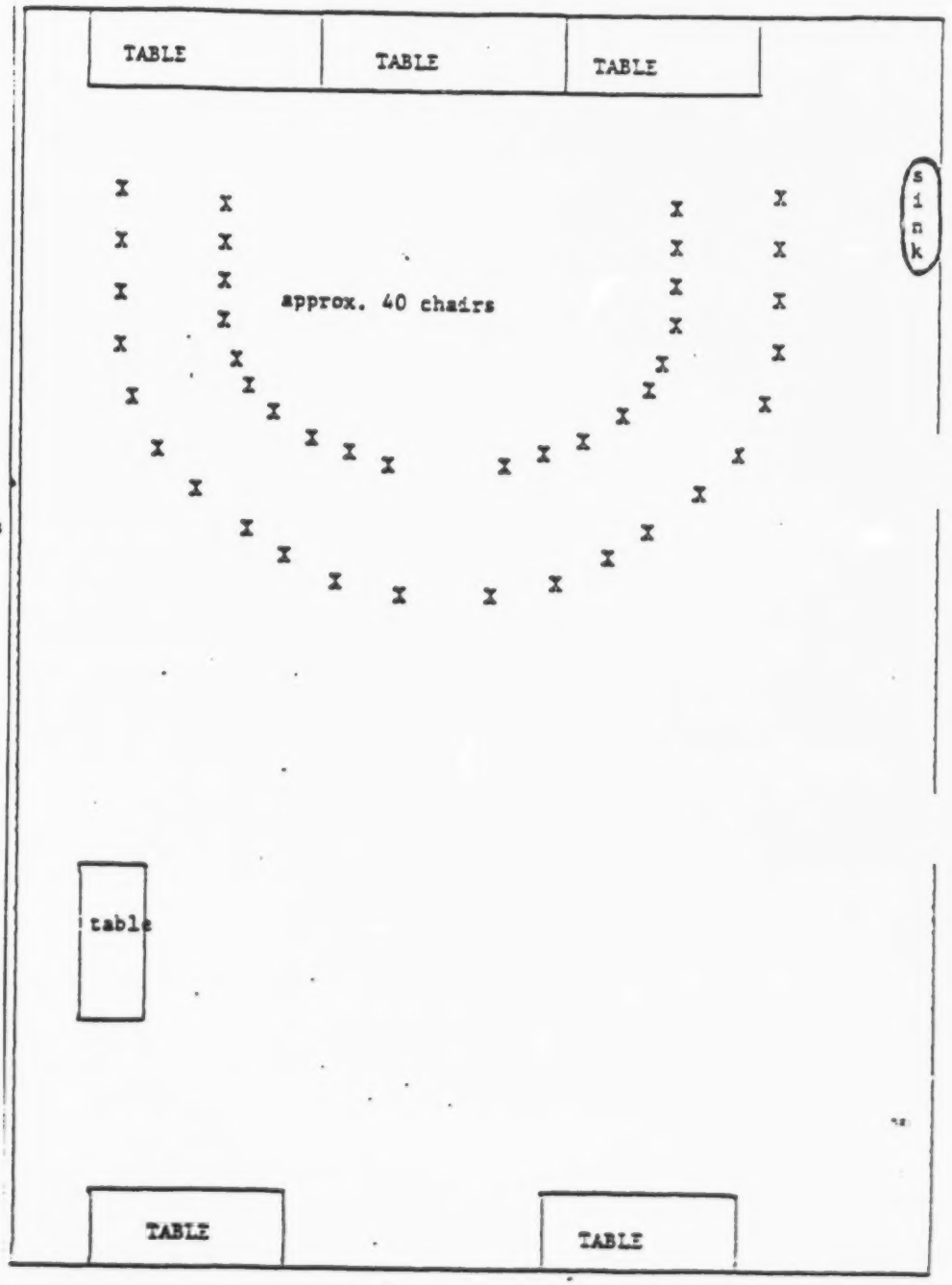
- make out name tags and alphabetize ahead of time. Write first names big, last names small. Also, have name tags ready for PEP volunteers - these should say "PEP" on them someplace.

BABY BASICS
REGISTRATION

MONTH: _____

NAME	ADDRESS TELEPHONE	DUE	C.B.E.	REF'D BY/ WARMLINE	FOLLOW- UP?	COMMENTS

PEP - Postpartum Education for Parents - "Baby Basics" Set Up
Cottage Hospital
Conference Rooms C & D
3rd Saturday of Month



Date _____

BABY BASICS
REFRESHMENTS INVENTORY

	SHOULD HAVE	ENOUGH ON HAND FOR NEXT MONTH?
* Paper Towels	1 Roll	
* Sponge	1	
* Kleenex	1 Box	
* Paper Plates	3 or 4	
* Napkins	3 Dozen	
* Plastic Spoons	5 or 6	
* Coffee Pot	1	
* Juice Cups (5 oz. dixie)	3 Dozen	
* Coffee Cups (6 oz. styrofoam)	3 Dozen	
* Plastic Cups (for sugar, tea)	3 or 4	
* Regular Coffee (instant)	1 Jar	
* Decafe Coffee	1 Jar	
* Tea Bags	2 Dozen	
* Sugar (granulated)	2 Cups	
Half & Half	1 Pint	
Juice	2 Gallons	
Nut Breads (store-brought OK)	3	
Fresh Fruit	15-20 pcs.	

(*Stored in lockers at Cottage Hospital)

Before Baby Basics
- Replenish items indicated. "Should Have" column is enough for about 24 people. Check with Registrar the day before and adjust amounts if necessary.
- Slice breads at home to save time.
- Set up refreshments table at Baby Basics.

During Baby Basics
- Periodically check hot water and juice (keep full).

After Baby Basics
- Take inventory for next month.
- Turn in both inventory forms to Registrar.
- Turn in expenses (receipts, etc.) to Registrar.
- Pack up supplies for return to lockers.

We value your comments, so anything you'd like to share about refreshments just jot on the back. Thanks for your help!

POSTPARTUM EDUCATION FOR PARENTS
PO Box 6154 Santa Barbara, CA 93160 • (805) 964-2009

Thank you for being part of our Baby Basics Team for Saturday,_____.

Team members this month include:

Please read over the Baby Basics Philosophy and Team Guide which should be part of your PEP notebook.

Be sure to be at Cottage Hospital, Conference Rooms C & D, by 8:00 a.m., no later! We have a lot to set up in a short time.

Enclosed you will find the following worksheets and/or script(s);

If you have any questions, please give me a call.

Baby Basics Coordinator,

_____
Month

BABY BASICS TEAM WORKSHEET

A. BEFORE PARENTS ARRIVE.....8:00 - 8:30
- arrange tables and chairs _____
- set up refreshments _____
- set up bath/diaper/equipment tables _____
- organize registration materials _____
- Team Meeting (to go over scripts).....8:30 - 8:45

B. PARENTS ARRIVE.....8:45 - 9:05
- Registrar greets & checks in each and directs first ten to designated table (fill one table before starting another). Also passes out "Before" questionnaires and "Supplies/Equipment/Feeding handouts. _____

- Volunteers assisting at tables:
  Bath_____ Diaper_____ Equipment_____

- After completing, offer parents refreshments (if time allows) and direct to seats.

C. PROGRAM
1. Introduction & Welcome..... _____ 9:05 - 9:15
2. Car Seat Presentation..... _____ 9:15 - 9:35
3. Feeding: Breast/Bottle..... _____ 9:35 - 10:00
4. TABLES/BREAK.....10:00 - 10:20
   - Check Refreshments _____
   - Assist at Tables: _____, _____, _____
   - Set up Bath Demo: _____
5. Behavior..... _____ 10:20 - 10:40
   (On completion of Behavior, speaker may wish to call stretch break while tub is filled.)
6. Cord Care & Bath Demonstration..... _____ 10:40 - 11:10
7. TABLES/BREAK.....11:10 - 11:30
   - Remind Parents to Look at Questionnaire
   - Check Refreshments: _____
   - Assist at Tables: _____, _____, _____
8. Discussion & Wrap-Up..... _____ 11:30 - 12:00
   (Distribute "After Baby Arrives" handout.)

D. AFTER PARENTS LEAVE.....12:00 - 12:30
- Inventory Refreshments (Clean up) _____
- Reassemble Registration Materials & complete Registrars Report _____
- Return Equipment to Lockers _____

BABY BASICS TEAM GUIDE

During our Baby Basics program, it is very important that we reflect PEP's goals, especially that of providing a nonjudgmental environment, and PEP's philosophy that there are many ways to parent. To this end, we offer the following suggestions:

1. Try to learn at least a few of the parents' names and refer to to them by name when possible.
2. Keep in mind that we may have prospective adoptive parents and single parents as well as expectant couples. Make comments appropriate to all. In particular, avoid referring to husbands, and talk instead of partners, mates or fathers.
3. Try to help the parents feel accepted and to develop a feeling of trust. We hope to encourage these feelings throughout the morning in the program itself, but most importantly through our interactions with the parents.
4. Try to provide a casual, non-threatening, relaxed atmosphere.
5. Our role in Baby Basics is that of parents sharing with and supporting parents-to-be.
6. Be aware of what you're saying, both verbally and nonverbally.
7. Try to build parents' self-confidence.
8. Reassure parents! We want this to be a positive experience.
9. Try NOT to:
   - be judgmental
   - criticize, put down, or make fun of parents
   - monopolize or dominate the conversation

- speak as an authority
- interrupt
- ramble on about your own experience
- be too helpful or pushy!

10. Try to:
    - avoid personal bias
    - be brief and to-the-point in your comments
    - balance others' biased opinions with alternative suggestions, e.g., "that's one way to do it, but you also might want to consider..."
11. Do NOT recommend or promote specific commercial products/service.
12. Do NOT discuss or give opinions or recommendations on members of the local medical community.
13. All parents' concerns are valid concerns and we should try to treat them as such. There is no such thing as a stupid question.
14. Keep in mind the possible physical needs and discomforts of a pregnant mother and try to make parents as comfortable as possible (seating, room temperature, refreshments, bathroom breaks, etc.).
15. STICK TO OUR TIMETABLE!! We have a lot to cover and cannot allow ourselves to get sidetracked. Do your best to discourage side conversations (it is very disconcerting to the speaker). If you want to comment, keep your remarks BRIEF, SUCCINCT & TO THE POINT! Try to save sharing of your own experiences as much as possible for the discussion section at the end.

ENJOY!

REGISTRATION AT BABY BASICS

1) Pick up the following from the Steering Committee Registrar:

* Registration forms and name tags
* PEP brochures
* Pens/pencils
* Masking tape and room signs
* Other brochures and pamphlets

2) Registration at Baby Basics Class:

* Check off registration form if pre-registered
* Fill in registration form if not pre-registered
* Collect fee ($5/single, $7/couple)
* Give name tag
* Direct first 1/3 of arrivals to Sponge Bath Table; second 1/3 to Diaper Table; third 1/3 to Equipment Table (fill the tables in this order so the people won't be left to wander around). Explain that they will get to visit all the tables sometime during the morning.

3) Collecting Fees:

* There is a metal cash box at Baby Basics in which to put the cash and checks you collect.
* We do accept checks; they should be made out to PEP.
* Do not worry about having money for change. There are usually enough people paying so that it is not a problem.
* We do not give receipts. Take the name and address of anyone who requests a receipt and we will mail them one. (Let the Treasurer know this.)

4) Money:

The Treasurer or PEP volunteer will pick up the money you collect sometime during the morning. You should fill out the Monthly Registrar's Report right after the program begins so that you will be ready to hand over the money and report whenever the Treasurer arrives. You should not reimburse volunteers for expenses from Baby Basics money collected. The Treasurer will pay by check for any PEP expenses incurred, although these items should be listed on the Monthly Registrar's Report.

5) Handouts:

After you are finished with registration, put out the optional handouts on the Registrar's Table (e.g., subscription forms, etc.).

PEP
"BABY BASICS"
MONTHLY REGISTRAR'S REPORT

Date:_____
Registrar:_____

PARTICIPANTS
Number Pre-Registered:_____
Number Pre-Registered No Shows:_____
Number Pre-Registered Attending:_____
Number Registered at Door:_____
Other, guests, etc.:_____
TOTAL Number Attending:_____

****

VOLUNTEERS
Number of PEP Volunteers Present:_____
Name of Demonstration Baby & Parents:
_____ _____(Baby)

****

FINANCES
_____ Single at $____ per person = $_____
_____ Couples at $____ per couple = _____
Other (Donations, etc.) = _____

TOTAL $_____

Expenses: Name	Description	Amount	Paid By Cash/Check	Check if Receipt Attached

Currency Count

	Change Checks		
	x	20	
	x	10	
	x	5	
	x	1	
		Total $	

Money
Received By_____

Amount $_____

Prepare in Duplicate:
One copy for Baby Basics Coordinator____
One copy for Treasurer ____

Date_____

PEP
"BABY BASICS"
MONTHLY HANDOUT AND BROCHURE INVENTORY

NOTE: Please count items toward the end of the morning so that we have a good idea of how many handouts and brochures will be available for next month (if there is obviously a large number of handouts, don't waste time counting exactly - just write "50+", "100+", etc., based on your estimate).

NUMBER	TITLE OR DESCRIPTION	NO. OF ITEMS
(BB-11)	Evaluation Forms	
(BB-21)	Before Your Baby Arrives	
(BB-22)	Sponge Bath (1/2 page) (on Bath Table)	
(BB-23)	Carseat Ratings	
(BB-24)	Supplies, Equipment, & Feeding Information	
(BB-25)	After Your Baby Arrives	
(BB-29)	Locking Clip	
(BB-32)	Diaper Cost Comparison	
(BB-38)	How to Choose Your Pediatrician	
(BB-A)	We Fail Our Children	
(BB-B)	Birth Resource Center	
(BB-C)	Laura Sobel Infant Classes Brochure	
(BB-D)	Mothering Brochure - Magazine	
(BB-E)	Parents Brochure - Magazine	
(BB-F)	Special Delivery - Magazine	
(BB-G)	Will You Give Your Child...? (AAA Brochure)	
(BB-H)	A Head Start... (Growing Child Brochure)	
(BB-I)	NUK Sucking Brochure	
(BB-J)	Is There Sex After Baby? (Planned Parenthood)	
(BB-K)	City Fire Department Survival Guide	
(BB-M)	Growing Child - Magazine Subscription	
(BB-N)	For Kid's Sake (Government Brochure)	
(BB-O)	Twins Brochure	
(BB-P)	Postpartum Call Cards	

DIAPER COST COMPARISON*
FOR FIRST SIX MONTHS

(1) DO-IT-YOURSELF (4)	(2) AT HOME	(3) COIN-OP
Cloth Diapers		
4 dozen - J.C. Penney prefold @ $12/dozen	$ 48.00	
6 dozen - J.C. Penney prefold @ $12/dozen		$ 72.00
Plastic Pants		
6 @ $1.35 each	8.10	8.10
Pins		
4 @ $.25 each	1.00	1.00
Diaper Pail	7.00	7.00
Laundering		
Includes pre-soak soap, conditioner, washer & dryer for 65 loads @ 2.5 loads per week	87.75	130.00
TOTAL	$ 151.85	$ 218.10

DIAPER SERVICE	
Cloth Diapers	
80 per week @ $11.00 per week, including diaper pail	$ 286.00
Plastic Pants (6) and Pins (4)	9.10
TOTAL	$ 295.10

(5) DISPOSABLES		
80 per week - 2 brands for example: Pampers/Huggies @ $.15 per diaper	TOTAL	$ 334.72

(1) Does not include the cost of your time but does include all the diapers you will need for two years.

(2) At home laundry costs figured at $1.35 per load.

(3) Coin-operated laundry costs figured at $2.00 per load.

(4) Cost of cloth diapers, pins, plastic pants, and diaper pail from J.C. Penney Fall/Winter 1985 catalog. Prices include sales tax. Amounts are an average of the least and the most expensive.

(5) Average of newborn and next size of disposable diapers (Vons Market, August 10, 1985, Santa Barbara, California).

You still need some cloth diapers for "spit up" cloths (1 to 2 dozen).

As your baby grows, he/she will use fewer diapers, but the larger size disposable diapers cost more per diaper, so it comes out about the same.

August, 1985

POSTPARTUM EDUCATION FOR PARENTS
PO Box 6154 Santa Barbara, CA 93160 • (805) 964-2009

"BABY BASICS"
EVALUATION

We hope the BABY BASICS program you attended is helping you in your new role as a parent. Your answers to the following questions will aid us in planning future programs. Your response is appreciated.

Please fill this out after your baby arrives and return to our P.O. Box.

Date of Baby Basics program attended: _____

Date of your baby's birth: _____

1. The program you attended was in several parts. Please rate each according to how valuable the information we covered then is to you now.

Bath Demonstration	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All
Diaper Table	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All
Safety	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All
Newborn Behavior	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All
Breast/Bottle Feeding	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All
Sponge Bath Table	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All
Postpartum Feelings	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All

2. Are there any areas of infant care or postpartum adjustment you would have liked more information or discussion about? _____ Which?

3. Did we duplicate much of the information you received in your childbirth class? _____ Which?

4. Do you feel that any part of the program should be cut down or eliminated (too basic, too dull, unnecessary, etc.)? _____ Which?

5. We gave you two handouts at BABY BASICS, one entitled "Before Your Baby Arrives...Some Considerations" and the other called "After Your Baby Arrives...Coping with Postpartum Change". Have these been helpful?

"Before Your Baby Arrives"	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All
"After Your Baby Arrives:	( ) Very	( ) Somewhat	( ) Not Very	( ) Not at All

"BABY BASICS"
EVALUATION

(Cont'd)

6. As you were leaving BABY BASICS, on the table on your way out we had brochures from companies and community resource information. Did you pick any of these up? _____ Were any particularly helpful?_____

7. How worthwhile was your attendance at BABY BASICS to you?

( ) Not Very ( ) Somewhat ( ) Not Very ( ) Not at All

8. After attending BABY BASICS, would you feel comfortable letting us use your baby in our bath demonstration? _____

May we call you about using your baby? _____
(If yes, let us have your name and telephone number.)

9. Another service (Free) PEP offers is new parent discussion groups. Would you like to be contacted about these? _____
(If yes, let us have your name, telephone number, and the best time of day for you to meet with a group.)

Any additional comments:

THANK YOU VERY MUCH